



NATIONAL SERVICE RESORT & COUNTRY CLUB

SAFRA Resort : 10 Changi Coast Walk Singapore 499739

Tel : 6540 8543/88 Fax : 6545 6508

DAY COVER GOLFER'S INSURANCE APPLICATION FORM

(A) Particulars of Applicant

Name _____ NRIC No _____ Date of Birth _____

Address _____

Postal Code _____

Contact No _____ (Office) _____ (Mobile)

PREMIUM FOR MEMBER: S\$10.00 + GST PER DAY

PREMIUM FOR NON-MEMBER: S\$12.50 + GST PER DAY

(B) Premium Payment

Premium payment has to be settled on the day of application.

- Payment By : Amex
 VISA/Mastercard
 Nets
 Cash
 In-House (For Members only)

(C) Declaration

I want to effect the insurance specified here and declare that I:

- i) warrant that the information given above are true and correct.
- ii) agree to accept the terms and conditions contained in the Day Cover Golfer's Insurance policy or insurance coverage summary.

Signature of Applicant

Date