



TRAVEL INSURANCE PROPOSAL

SURNAME ADEDOKUN

FIRST NAME: IKEOLUWA WINTOP OTHER NAME: _____

DATE OF BIRTH: 09/02/2000 SEX: MALE

CONTACT ADDRESS: N° 12, SESAN DOSUMU STREET PPL B/STOP, OTA, OGUN STATE

NATIONALITY: NIGERIAN PROFESSION: STUDENT

TEL NO.: 631723336/08065972796 FAX: _____

EMAIL ADDRESS: wintopadedokun@gmail.com

INTERNATIONAL PASSPORT NO.: B04239875

COUNTRY OF ISSUE: NIGERIA

DESTINATION COUNTRY: SPAIN

PURPOSE OF TRAVEL: RESUME MY STUDIES

PERIOD OF INSURANCE: FROM: _____ TO: _____

TYPE OF ENTRY: SINGLE: YES MULTIPLE: _____

PASSPORT VALID UNTIL: 25 / FEBRUARY / 20 30

ARE YOU SUFFERING FROM ANY SICKNESS/DISEASE/AILMENT UNDER TREATMENT?

.....YES ☐ NO ☒

NEXT OF KIN: NAME: ADEDOKUN ORİYOMI ADEMUWIYA ADAMS

ADDRESS: MOSSÉN JAUME BUSQUET 24

TEL. NO: +34 670992128 ; _____

SIGNATURE:

05/04/2025

DATE:

FOR PREMIUM PAYMENT:

Account Name: KBL INSURANCE LIMITED

Bank: FIDELITY BANK PLC

Account Number: 5110020990