



This form is to be sent to: Atlas Healthcare Insurance Agency Limited, Abate Rigord Street, Ta' Xbiex XBX1121, Malta

Policy No.	Group (if applicable)

ID Card/Passport No.	Mobile No.
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Email Address*	Telephone No.
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Note: Claim settlement by direct credit transfer is only possible for bank accounts which are within the Single Euro Payments Area (SEPA)

Bank Name	Branch
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Name of Bank Account Holder

[illegible]

Member's Signature	Date
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If dependents aged 18 and over would like their claims to be settled to this account, please complete the section below.

Dependant 1 name and surname

Dependant's signature	Date
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Dependant 2 name and surname

Dependant's signature	Date
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Dependant 3 name and surname

Dependant's signature	Date
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