

Please complete in **BLOCK CAPITALS**. Kindly complete this form and submit to your Health International Agent / Regional Office, thank you. Should you have any queries or require any further information contact us on +263 (0) 86 7700 8964.

Full Name:	
Date of Birth:	DD / MM / YYYY

Are you registered as a **COMMERCIAL PILOT**? ☐ Yes ☐ No

- Commercial Pilot Loading 50%
- No restriction of cover within Sub Saharan Africa
- Flying hours **NOT** required to be advised

Company(ies) to which you are contracted to fly for?

Which countries do you fly to and from?

Are you registered as a **PRIVATE PILOT**? ☐ Yes ☐ No

- Private Pilot Loading 50%
- No restriction of cover within Sub Saharan Africa
- Flying hours **NOT** required to be advised

Company(ies) to which you are contracted to fly for on an ad hoc or regular basis?

Which countries do you fly to and from?

Are you an **OCCASIONAL PILOT (BELOW 50 HOURS PER ANNUM)**? ☐ Yes ☐ No

- Private Pilot Loading 25% - kindly provide your Logbook of flying hours for the past **12 MONTHS** – in the event that these are **BELOW 50 HOURS** the reduced Pilot Loading can be applied to your policy.
- Please provide your Flying Logbook again at annual renewal.
- Flying hours should **NOT EXCEED 50 HOURS** for the **12 MONTH MEMBERSHIP YEAR**.
- Should a pilot **EXCEED 50 HOURS** over the period of a membership year, he / she will be **LOADED 50%** at **RENEWAL**.
- No restriction of cover within Sub Saharan Africa

Company(ies) to which you are contracted to fly for on an ad hoc or regular basis?

Which countries do you fly to and from?

Applicant Signature _____

Date (DD / MM / YY) _____