

PUPILS PERSONAL ACCIDENT GROUP SCHEME

Please complete the Application below and return this form with your cheque to:

**THE TRUST INSURANCE GROUP LTD
62 HALKETT PLACE
ST. HELIER
JERSEY
JE2 4WG**

Name of Parent/Guardian

Address

Post Code

Tel. No.

E-mail address

Full Name(s) of children

Date of Birth

School

Please arrange cover for my child/children, named above, under the
Group Personal Accident Scheme

I enclose my cheque for £..... (£12 per child) payable to **T.I.G**

Signed

Date

We have a range of other insurance products available and would like to let you have
details of those that may be appropriate.

If you would like to receive further information, please tick this box