UNIVERSITY OF GHANA





CAMBRIDGE AFRICA PARTNERSHIP FOR RESEARCH EXCELLENCE (CAPREx)

TRAVEL INSURANCE REQUEST FORM FOR UG CAPREx FELLOWS

|  |  |
| --- | --- |
| Name as it appears in passport: |  |
| Date of Birth: |  |
| Postal address in Ghana: |  |
| Residential address: |  |
| Passport Number: |  |
| Occupation: |  |
| Date of Departure from Ghana/ Effective date of insurance: |  |
| Return Date to Ghana/ End date for insurance |  |
| Phone numbers (Ghana & Abroad) |  |