



Application form- Student-Volcani

Insured's full name: last name: * _____ first name: * _____

Request insurance period: from: * _____ until: * _____

Passport number: * _____ date of birth: * ___/___/___

Date of first entry to Israel: * ___/___/___

E-mail address: _____

Phone no.: _____ cell phone no.:* _____

Address:* _____ city and zip code: * _____

Contact person details: last name: _____ first name: _____

E-mail address: _____

Phone no.: _____ cell phone no.: _____ fax: _____

Address: _____ city and zip code: _____

Please write the program you participate in: **pre med** _____ daily rate 1.1 \$ _____

Credit card No.: ___ ___ ___ / ___ ___ ___ / ___ ___ ___ / ___ ___ ___

Expiration date (month/year): ___ ___ / ___ ___

Name of the C.card owner: _____ **I.d. No.:** _____

Address: _____ **City and zip code:** _____

For deposit: Leumi bank. branch: 10/708 account : 5000/31 Menorah mivtahim l.t.d.

Please send us the deposit approval by fax or email.

***Please send the fax back to: Tourist department. Fax number: 03-6325582**

or email : tourism@hilit-ins.com