



## Residency Declaration Form

Name of applicant .....

Nationality of applicant .....

Maltese Identity Card No ..... or Passport No .....

Address of Applicant .....

.....

Proposed Commencement Date of Cover .....

I declare that I am actually resident in Malta for more than six months of each and every Insurance year.

I understand that my Bupa Membership depends on actual Maltese residency, and confirm my intention to remain a resident of Malta for more than six months of each and every insurance year for the foreseeable future.

Signed ..... Date .....

Bupa in Malta  
is brought to you by



Call Bupa in Malta on 21 342 342

**GlobalCapital Health Insurance Agency Ltd**

GlobalCapital Health Insurance Agency Ltd acts as an insurance agent and is regulated by the Malta Financial Services Authority

Company Registration No. C 6393