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Please fill-in the data for all the applicants. Common data like mailing address can be given in one form instead of repeating the same data in all the sheets.

- 01 Name as given in passport for all proposed insured  
(format: First name, Middle Name, Last name)
- 02 Date of Birth as given in passport  
(format: mm / dd / yyyy )
- 03 Passport Number of all proposed insured
- 04 Passport Issuing Country
- 05 Home Country address of proposed insured  
(preferably with Postal Code)
- 06 Correspondence address in USA including Zip code
- 07 Phone Nos. - Home, Work and/or Cell phones
- 08 Email address  
(should receive html files)
- 09 Beneficiary for A D and D benefit
- 10 Relationship of beneficiary to proposed insured
- 11 Date of departure from Home country  
(format: mm / dd / yyyy )
- 12 Coverage start date  
(format: mm / dd / yyyy )
- 13 Coverage end date or No. of months  
(format: mm / dd / yyyy )
- 14 Credit card No. and Security code
- 15 Credit card expiration date
- 16 Name as given in credit card