

Policy Disclosure Form

Please use this form to allow a nominated person to discuss and amend your travel insurance policy with American Express. This will not be applicable to any other American Express products or services which you may hold.

Your Policy Number _____

Policyholder Name _____

Address _____

Telephone Number _____

I authorise American Express to discuss and amend my Travel Insurance policy details, as well as those of any other named insured individual on the policy, with the person nominated below.

Policyholder Signature _____

Date _____



Nominee's Name _____

Relationship to Policyholder _____

Date of Birth _____

Address _____

Telephone Number _____

Nominee's Signature _____

Date _____

In the interest of security, please ensure that the nominated person maintains the confidentiality of your policy information. The nominee chosen must be over 18 years of age and a UK resident.



When completed, please return this form to: Axa Travel Insurance, The Quadrangle, 106-118 Station Road, Redhill, RH1 1PR