



**ASSIST-CARD ORDER FORM**

PASSPORT Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Passport number: \_\_\_\_\_

Home address: \_\_\_\_\_

Tel. /Fax/ email add: \_\_\_\_\_

In case of emergency, Person to contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. /Fax/e-mail add: \_\_\_\_\_

Destination/Itinerary: \_\_\_\_\_

Validity From: \_\_\_\_\_

No. of days: \_\_\_\_\_ DAYS

Type of card: AC 1M \_\_\_\_\_ AC 250 \_\_\_\_\_ AC 60 \_\_\_\_\_ AC 35 \_\_\_\_\_ AC 15 \_\_\_\_\_

\_\_\_\_\_  
Signature over printed name

\_\_\_\_\_  
Date Signed

**Card cancellation/change of date MUST be done in writing at least one day before the validity of your Assist-Card commences. OTHERWISE, your Assist-Card Shall be considered sold and not subject for refund. Terms of Payment – CASH ON DELIVERY**

**Wideworld Insurance Agency Inc.**  
**ASSIST CARD PHILIPPINES GSA**  
Unit 403 ITC Bldg. 337 Gil Puyat Ave., Makati  
Tel – 632-8904916 Email: [docs1@worldwide.com.ph](mailto:docs1@worldwide.com.ph)