**RotaryYouth Exchange InsuranceApplication**

Foundationname ：RotaryYouthExchangeMultidistrictTaiwanofDistricts3460,3470,3490&3510

Foundationaddress：No.540,WanShouRoad,Sec.1,Kueishan,Taoyuan33350,Taiwan

Contactpersonname：DebbieLEE

Telephone：+8862 82090214ext.266 FAX：+8862 82091355

**Applicationand paymentmustbe submittedtogether. Pleasecompletetheapplicationbelow. Typed preferred orprint clearly.**

**Section I:PersonalInformation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Student Name** |       |  |       |  |       |
|  | First |  | Middle |  | Last |
| **Passport number** |       |
|  |
| **Street Address** |       |
|  |
| **City** |       | **State/Province** |       | **Postal Code** |       |
|  |
| **Home Country** |       | **Rotary District In Home Country** |       |
|  |
| **Telephone** |       | **Fax** |       | **E-Mail** |       |
|  |
| **Date of Birth** |      | / |      | / |      | *Studentsmustbehighschoolstudents ages15–19years.* |
|  | DD |  | MM |  | YYYY |  |
| **[x]  Male** | **[ ]  Female** |  |
|  |
| **Beneficiary** |       | **Relationship to Student** |       |
|  |  |  |  |  |  |  | *father,mother,sister,brother,etc.* |

**Section II:HostCountryInformation**

HostCountryTaiwan, R.O.C. RotaryDist.#InHostCountry

**Dateofdeparture fromyourhomecountry:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Ifdateisunknown,leaveblank.NotifyMercuriesLifeInsurance assoonasdateisconfirmed.* |      | / |      | / |      |
|  | DD |  | MM |  | YYYY |

Iherebyapplyfor:

** [x] RYEMT Insurnace package US$600**

If you don't have or you don’t want to use credit card, **wire transfer details** is as below,
please write down the student’s name & sponsor district on the detail of payment.

BENCFICARY: Rotary Youth Exchange Multidistrict Taiwan

Account number: 050-12-04237-1

BANK NAME: Taiwan Business Bank Taipei Branch

SWIFT CODE: MBBTTWTP050

BANK ADDRESS: No.72, Sec. 1, Chongqing South Road,
 Zhongzheng Dist., Taipei City 10045, Taiwan

**CreditCardAuthorisationForm**

|  |  |
| --- | --- |
| Name of Parents or Temporary Guardian |       |
|  |
| Name of Student |       | Date |      | / |      | / |      |
|  | *day* |  | *month* |  | *year* |
|  |
| Issuing Bank (發卡銀行) : |       |
|  |
| Tick (√) one box(卡別選擇): | [ ] AE Card | [ ] Visa | [ ] MasterCard | [ ]  JCB |
|  |
| Credit Card Number: |  |
|  |  |   |   |   |   | ─ |   |   |   |   | ─ |   |   |   |   | ─ |   |   |   |   |
|  |
| Expiration Date（信用卡有效月年）: |      | / |      | / |      | (DD/MM/YY) |
|  |
| Card Verification Number: |  |
|  |  |   |   |   | (this isthe3-4digitnumberfoundonthebackofmostmajorcreditcards)\ |
|  |
|  | Please affix the front side of the credit card.(Please confirm that the copy is clear and bright, and make the copy lighter. Also, make sure that the credit card valid date shown on the copy is not too dark and can be clearly distinguished.) | Please affix the back side of the credit card.(Please confirm that the copy is clear and bright, and make the copy lighter. Also, make sure that the credit card valid date shown on the copy is not too dark and can be clearly distinguished.) |  |
|  |
| Name on Card 卡上姓名: |       |
|  |
| Passport No.： |       |
|  |
| Amount： US$： | 600 | NT$： |  |
|  |
| Billing address |       |
|  |
| City |       | State/Province |       | Postal Code |       |
|  |
| Telephone |       | E-Mail |       |
|  |
| **Cardholder’s Signature** |  |
| **( Signature must be the same as the signature on your Credit Card )簽名模式必須與閣下之信用卡簽署相符** |

※Please type, scan & email to: ryetaiwan.org@gmail.com

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Telephone：+886282090214ext.266 / FAX：+8862 82091355 / Contactpersonname：DebbieLEE

StoreNameCode(商店名稱代碼)：

Authorizednumber授權號碼：

|  |
| --- |
| Please affix the copy of student’s passport here.(Please to confirm that the copy is clear and bright,and make the copy lighter.) |