

RISK ASSESSMENT FORM - SAFARI GUIDE / VIDEOGRAPHER / PHOTOGRAPHER

Policy ID / Membership Number

Please complete in **BLOCK CAPITALS**. Kindly complete this form and submit to your Health International Agent / Regional Office, thank you. Should you have any queries or require any further information contact us on +263 (0) 86 7700 8964.

Full Name:				
Date of Birth:	DD / MM / YYYY			
Please indicate and answ	wer questions where applicable:			
1. Safari Guide 25% Lo	ading		Yes	No
A person qualified to guide and advise clients on animal behaviour on an expedition to observe animals in their natural habitat.				
	on provided the Safari Guide remains in esidence is listed under The Region . (C	his / her country of residence for 60% of lause 2.91).	a members	hip year
The member is not requi Conditions of Health Inte	•	these take place in Sub-Saharan Africa, as	defined in th	e Terms &
2. Safari Videographer	or Photographer 25% Loading		Yes	No
A person who document	s various forms of wildlife in their natura	l habitat.		
Loading applicable for:				
a) A member who film	s or photographs a Hunting Safari.			
b) A member who works in locations with the BIG 9.				
Applicant Signature		Date (DD / MM / YY)		

