

**NECOINSURANCE LTD.,**  
**P.O.Box 12271,**  
**Anamnagar, Kathmandu**  
**Phone: 4470415**  
**Fax: 4770162**

**Trekking Office Name:**  
**Address:**  
**Reference No:**  
**Date:**

**Re: Camp Staff/Local Porter Insurance Declaration**

**Policy No. ....**

**Dear Sirs,**

This is with reference to the above policy. Please be advised of the following details of Camp Staff and local porters hired by ..... to accompany the trekker (s) as mentioned and to be covered under the above policy for the duration as indicated. Any changes of amendments necessary later will be intimated to you immediately.

<b>Trek Group Name</b>	<b>Area Of Trekking/Expedition with Starting Date: &amp; Finished Date:</b>	<b>Names of Camp Staff</b>	<b>Local Porters</b>

Authorised Signatory