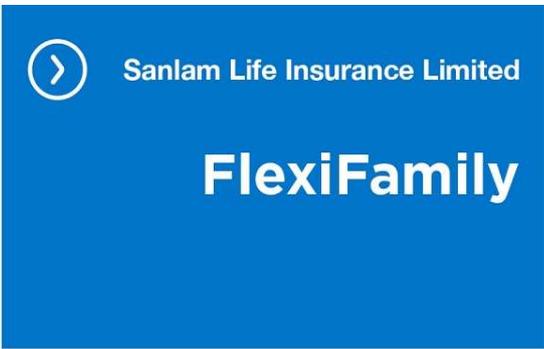




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 M +254 (0) 2217675
 E customerservice@sanlam.co.ke
 SMS 30182 www.sanlam.co.ke



Proposal No: **C35224**

APPLICATION FOR INSURANCE

PRINCIPAL LIFE TO BE ASSURED

FIRST NAMES

SURNAME TITLE

ID NUMBER PASSPORT

PIN NUMBER BIRTH DATE AGE

GENDER MARITAL STATUS

OCCUPATION

EMPLOYMENT DETAILS

EMPLOYED Y/N EMPLOYER

EMPLOYER CODE DEPARTMENT CODE

EMPLOYMENT TERMS TEMPORARY PERMANENT CONTRACT

EMPLOYEE NUMBER

BUSINESS DETAILS

BUSINESS NAME

NATURE OF BUSINESS

ROLE OF PROPOSER IN BUSINESS

TELEPHONE NUMBERS

HOME CELLPHONE

WORK PLACE WIRELESS

EMAIL ADDRESS

POSTAL ADDRESS

PO BOX

BUILDING / VILLAGE

TOWN / DISTRICT POST CODE

PHYSICAL ADDRESS

BUILDING / VILLAGE

STREET / LOCATION

TOWN / DISTRICT POST CODE



PLAN DETAILS

FAMILY DETAILS

Proposal No:

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SPOUSE

FIRST NAMES

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DATE OF BIRTH

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SURNAME

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ID NUMBER

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CHILDREN

1 FIRST NAMES

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DATE OF BIRTH

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RELATIONSHIP

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5 FIRST NAMES

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6 FIRST NAMES

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7 FIRST NAMES

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DATE OF BIRTH

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RELATIONSHIP

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SURNAME

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PARENTS / PARENTS IN-LAWS

1 FIRST NAMES

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DATE OF BIRTH

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4 FIRST NAMES

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RELATIONSHIP

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SURNAME

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PLAN DETAILS (continued)

EXTENDED FAMILY

Proposal No: **C 3 5 2 2 4** **3**

1 FIRST NAMES

 DATE OF BIRTH RELATIONSHIP

SURNAME

2 FIRST NAMES

 DATE OF BIRTH RELATIONSHIP

SURNAME

3 FIRST NAMES

 DATE OF BIRTH RELATIONSHIP

SURNAME

4 FIRST NAMES

 DATE OF BIRTH RELATIONSHIP

SURNAME

5 FIRST NAMES

 DATE OF BIRTH RELATIONSHIP

SURNAME

BENEFICIARIES

1 FIRST NAMES

 DATE OF BIRTH GENDER RELATIONSHIP

SURNAME

 % CELLPHONE

2 FIRST NAMES

 DATE OF BIRTH GENDER RELATIONSHIP

SURNAME

 % CELLPHONE

3 FIRST NAMES

 DATE OF BIRTH GENDER RELATIONSHIP

SURNAME

 % CELLPHONE

4 FIRST NAMES

 DATE OF BIRTH GENDER RELATIONSHIP

SURNAME

 % CELLPHONE

GUARDIAN (for minor beneficiaries i.e below 18 years)

FIRST NAMES

 DATE OF BIRTH GENDER RELATIONSHIP

SURNAME

 TITLE ID NUMBER

CELL/PHONE NUMBER

PAYMENT METHOD

BANKER'S ORDER DIRECT DEBIT CHECK OFF CHEQUE

PREMIUM PAYMENT FREQUENCY

MONTHLY QUARTERLY SEMI-ANNUALLY ANNUALLY

INFLATION PROTECTOR 5% 10%

How would you like to receive your statements/Policy document? (Tick one)

Postal Address Email Physical Address



IMPORTANT NOTE:- REPLACEMENT OF ANY ASSURANCE MAY BE TO THE DISADVANTAGE OF THE POLICYHOLDER

Is this application to replace the whole or any part of your existing insurance with any assurer (whether replacement is to occur immediately or to replace an insurance discontinued within the past four months or within the next four months)? Please indicate your submission as a Y/N

NAME OF POLICYHOLDER

SIGNATURE

If "Yes", the agent must discuss and obtain written consent from you.

DECLARATION BY THE POLICYHOLDER

I agree that this application is subject to Sanlam Life Insurance Limited's usual terms and conditions. I declare that all information provided is correct.

I understand that the information provided by me and any documents required by Sanlam Life Insurance Limited shall be the basis of the Policy.

I declare that the information provided by me , whether in my own handwriting or not, is true and complete.

I accept that I am curtailing my right to privacy to facilitate the assessment of the risks, and of any claims for benefits, under any policy issued in respect of this application. I irrevocably authorise:

- Sanlam Life Insurance Limited to obtain from any person, whom I hereby so authorise and request to give, any information which Sanlam Life Insurance Limited deems necessary, and to share with other insurers that information and any information contained in this application or in any related policy or other documents;
- Any such information to be so obtained and given, and as between insurers to be shared either directly or through a database operated by or for insurers as a group at anytime (even after my death) and in such detailed, abbreviated or coded form time to be decided by Sanlam Life Insurance or by the operators of such database.
- Sanlam Life Insurance Limited to exercise the right to ask for additional questions should the need arise in respect of this policy.

IMPORTANT NOTICE TO APPLICANT

No agent or staff of Sanlam Life is authorised to receive cash on behalf of the institution. All premium payments by cash must be banked into the company's account provided for this purpose or paid into the company's M-Pesa pay bill number 120120.

Sanlam Life shall not be liable for any cash given to a staff or agent.

I acknowledge that I have read and understood these declarations.

SIGNATURE

DATE

DECLARATION BY THE AGENT

I hereby declare that I have explained the meaning and implications of the replacement question to the policyholder and that I am fully aware of the possible detrimental consequences of the replacement of an insurance policy.

I declare that I have disclosed the required information and that I understand the AKI code of conduct which I adhere to practise.

I also consent to and accept its operation and its consequences.

AGENT'S CODE ID NUMBER

NAME OF AGENT

SURNAME OF AGENT

SIGNATURE

DATE

NAME OF SALES MANAGER

BRANCH NAME

SIGNATURE

DATE



