



CIC LIFE ASSURANCE LTD

We keep our word

Registered office: CIC Plaza, Mara Road, Upper Hill, P.O. Box 59485-00200 Nairobi, Kenya

Telephone: 2823000, E-mail: glife@cic.co.ke

CIC LIFE ASSURANCE MEPIP PROPOSAL FORM

Important Note: Cover will commence once the proposal form is filled in full, signed and sealed, the details of loans have been provided, and the required premium has been paid.

1. Agency
 2. Name of Proposer PIN
 3. Proposer's Postal Address Post code Town
 4. Telephone Number Mobile Number Fax
 5. E-mail address
 6. Proposer's common occupation
 7. Proposer's Bank Details: Bank Name
Branch Account Name
Account Number Swift Code
 8. Mobile Money Transfer Number (If Applicable)
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9. Have you ever proposed for a similar policy before? If yes, state name of the Insurance Company
 10. Has such cover ever been canceled or declined? State reasons for such cancellation or decline

HEALTH AND GENERAL DECLARATION

We declare that the particulars, information and documents provided herewith are true and accurate to the best of our knowledge. We agree that this declaration shall form the basis of the insurance contract between The CIC INSURANCE GROUP LIMITED and ourselves. We further agree to abide by the policy terms, exceptions, conditions and any endorsements and amendments thereon and that we have not withheld any material information.

We also declare and confirm that we shall at all times grant loans to members who to the best of our knowledge are of good health and shall not at any time expose the insurers to an obvious risk.

Signed at this day of Year

Name Designation Signature

(Please affix official stamp)