

APPLICATION FOR INSURANCE

Sanlam Life Insurance Limited
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www.sanlam.co.ke

SMS 30182

Proposal No: C35224

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PRINCIPAL LIFE TO BE ASSURED

FIRST NAMES									
SURNAME]	т	ITLE	
ID NUMBER				PASSPORT					
PIN NUMBER				BIRTH DA	TE			ŀ	AGE
GENDER]			MARITAL S	TATUS			
OCCUPATION									
EMPLOYMENT DETAILS									
EMPLOYED Y/N	EMPLOYER								
EMPLOYER CODE					DEPARTMENT	CODE			
EMPLOYMENT TERMS	TEMPORARY			PERMANENT				CONTR	АСТ
EMPLOYEE NUMBER									
BUSINESS DETAILS									
BUSINESS NAME									
NATURE OF BUSINESS									
ROLE OF PROPOSER IN BUSI	INESS								
TELEPHONE NUMBERS									
HOME					CELLPHONE				
WORK PLACE					WIREL	ESS			
EMAIL ADDRESS									
POSTAL ADDRESS									
PO BOX									
BUILDING / VILLAGE									
TOWN / DISTRICT							POST CO	DDE	
		4							
PHYSICAL ADDRESS									
BUILDING / VILLAGE]	Г	7 47	<u></u>
STREET / LOCATION]			
TOWN / DISTRICT				POST COL	DE		6	a,	::+¥:
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Sanlam Life Insurance Limited

FlexiFamily

PLAN DETAILS

FAMILY DETAILS

	SPOUSE			
	FIRST NAMES		SURNAME	
	DATE OF BIRTH	RELATIONSHIP	ID NUMBER	
	CHILDREN			
1	FIRST NAMES		SURNAME	
	DATE OF BIRTH	RELATIONSHIP		
2	FIRST NAMES		SURNAME	
2			SUNNAME	
	DATE OF BIRTH	RELATIONSHIP		
3	FIRST NAMES		SURNAME	
	DATE OF BIRTH	RELATIONSHIP		
	FIRST NAMES		SURNAME	
4	FIRST NAMES		SURNAME	
	DATE OF BIRTH	RELATIONSHIP		
5	FIRST NAMES		SURNAME	
	DATE OF BIRTH	RELATIONSHIP		
~	FIRST NAMES		SURNAME	
6	FIRST NAMES		SURNAME	
	DATE OF BIRTH	RELATIONSHIP		
7	FIRST NAMES		SURNAME	
	DATE OF BIRTH	RELATIONSHIP		
	PARENTS / PARENTS IN-LA	WS		
1	FIRST NAMES		SURNAME	
1				
	DATE OF BIRTH	RELATIONSHIP		
2	FIRST NAMES		SURNAME	
	DATE OF BIRTH	RELATIONSHIP		
3	FIRST NAMES		SURNAME	
	DATE OF BIRTH	RELATIONSHIP		
4	FIRST NAMES		SURNAME	
				- XAAREE
	DATE OF BIRTH	RELATIONSHIP	·	- (******
				<u> </u>

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PLAN DETAILS (co	ontinued)
EXTENDED FAMILY	

EXTENDED FAMILY			Proposa	No: C 3 5 2 2 4	. 3
FIRST NAMES		SURNAME		-	
DATE OF BIRTH RELATIONSHIP					
FIRST NAMES		SURNAME			
DATE OF BIRTH RELATIONSHIP		L		l.	
FIRST NAMES		SURNAME			
DATE OF BIRTH RELATIONSHIP					
FIRST NAMES		SURNAME			
FIRST NAMES					
DATE OF BIRTH RELATIONSHIP					
FIRST NAMES		SURNAME			
DATE OF BIRTH RELATIONSHIP					
BENEFICIARIES					
FIRST NAMES		SURNAME			
DATE OF BIRTH GENDER RELATIONS	SHIP		% CELLP	HONE	
FIRST NAMES		SURNAME			
FIRST NAMES		SURNAME			
DATE OF BIRTH GENDER RELATIONS	HIP		% CELLP	HONE	
FIRST NAMES		SURNAME			
DATE OF BIRTH GENDER RELATIONS	SHIP		% CELLP	HONE	
FIRST NAMES		SURNAME			
	_				
DATE OF BIRTH GENDER RELATIONS			% CELLP		
			% CELLF		
GUARDIAN (for minor beneficiaries i.e below 18 year	rs)				
FIRST NAMES		SURNAME			
DATE OF BIRTH GENDER RELATIONS	SHIP		TITLE	ID NUMBER	
CELL/PHONE NUMBER					
PAYMENT METHOD BANKER'S ORDER DIRECT DEBIT		CHECK OFF	CHEQU		ar sar
				57	<u> 2575 - 725</u>
MONTHLY QUARTERLY	SEN	1I-ANNUALLY	ANNUAL	чш 53	
INFLATION PROTECTOR 5%		10%			19 A 19 A 19
How would you like to receive your statements/Policy	document? (Tic				- 1 00
	2004/10/11: (110				515199.345
Postal Address Email	Phys	sical Address			276 6478

REPLACEMENT QUESTION

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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		Dł	ATE
NAME OF SALES MANAG	ER		
BRANCH NAME			
SIGNATURE		DA	TE



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PLAN DETAILS (continued)

BURIAL COVER

FUNERAL COVER

AGE/PREMIUM CALCULATIONS

Age	0-15	16-21	22-35	36-45	46-55	56-65	66-75	76-80	81-85
Main		100	100	120	150	210			
Spouse		90	90	110	140	200			
Child	x70	×70							
Parent			×110	×130	×160	x240	x370	x520	x730
Extended	x70	×70	×110	×130	×160	x240	×370	×520	x730

SUB TOTAL Units KShs Main Х = Spouse Х = Children х = Parents Х = Extended Family Х = **BURIAL COVER** PREMIUM (a)

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SINDIKIZA COVER

AGE/PREMIUM CALCULATIONS

Age	0-15	16-21	22-35	36-45	46-55	56-65	66-75	76-80	81-85
Main		20	30	35	45	65			
Spouse		20	30	35	45	65			
Child	xH	×20							
Parent			×30	×35	x45	×65	×120	×180	×250
Extended	xII	x20	×30	×35	×45	x65	×120	×180	x250

SUB TOTAL		Units	KShs									
	Х	=										
	х	=										
	Х	=										
	Х	=										
	Х	=										
SINDIKIZA COVER PREMIUM (b)												

UNEMPLOYMENT AND PREGNANCY PREMIUM PAYMENT HOLIDAY COVER

SUB TOTAL KShs

TAL Units KShs

SUB TOTAL (a+b+c) (minimum risk premium Kshs 700)

INVESTMENT ACCOUNT (minimum premium Kshs 100)

POLICY FEE

SUB TOTAL

0.25% Policy Holder Compensation Fund Levy

TOTAL PREMIUM PAYABLE

UNEMPLOYMENT AND PREGNANCY PREMIUM (c)





