

## Life Insurance

9th Floor Amani Place, Ohio Street, PO Box 22229 Dar es Salaam Tanzania Tel: +255 22 212 7151/2/3, Fax: +255 22 212 7154

## **Mortgage Protection Insurance Joint Life Proposal Form**

## **PERSONAL DETAILS:**

Main member Surname: Spouse: Surname: Physical Address:		Other Name Other Name	es:				Sex: M F		
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Mobile (Main member):  Mobile (Spouse):	Email (Main member):  Email (Spouse):								
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Date of Birth (Main member):				Age Next Birthday:					
Date of Birth (Spouse):			Age Next Birthday:			Birthday:			
Branch Name:	Account No:			Account Name:					
ID Type: (Tick where appropriate)	Vote ID card Passport Driving License				ID Number (Main member):  ID Number (Spouse):				
	Birth Certifacte				, ,				
PARTCULARS OF LOAN:									
Joint life status: First death									
Amount of loan (Include Pre	mium Finan	ce if applical	ble)						
Name of Loan Provider:				Type of Cover Decreasing Level					
Period of Cover (Months):									
Frequency of Premium Payments: ANNUAL PREMIUM									
I,									
Signed at		On this	(	day of			20		
Signature of the Assured:				Signature for and on behalf of Sanlam Life Insurance (T) Ltd					