

BIMA YANGU APPLICATION FORM AND CONTRACT

PROPOSAL

**IMPORTANT: PLEASE COMPLETE THIS PROPOSAL IN BLOCK CAPITALS.**

**PLEASE DO NOT PAY IN CASH EXCEPT AT ANY OF OUR BRANCH OFFICES AND OBTAIN A RECEIPT.**

Date of Commencement dd   mm   yyyy

**YOUR PERSONAL DETAILS**

TITLE MR  MRS  MISS  OTHER  GENDER: Male  Female

First Name  Middle Name  Surname

Date of Birth dd   mm   yyyy     ID/Card No.  (attach copy)

Occupation  P.O. Box  Code

Mobile No.  E-mail Address

MARITAL STATUS Yes  No  Spouse Name  ID Card No.  (attach copy)

**PLAN DESCRIPTION**

Sum assured Ksh.100,000/=	With profit endowment assurance
Accidental death: Kshs.200,000/=	
Funeral expense Kshs.30,000/= (payable on death of the named spouse)	Due dates (as stipulated in policy)
Premium Mode	i) Annual premium: Kshs.12,000/=
	ii) Monthly: Kshs.1,000/=
	iii) Weekly: Kshs.260/=
Premium payment method	Zap/Cheque or Cash at our Offices only
1st payment	Last payment

Date of maturity dd   mm   yyyy

Beneficiary  Relationship

**MEDICAL & RELATED DETAILS**

Have you ever been hospitalized in the last three years? Yes  No  If yes, give reason

Are you now in good state of health? Yes  No  If no give reason

Height  Weight  Are you involved in any dangerous activity? Yes  No  If yes, state which type

PARENTS	AGE	STATE OF HEALTH/CAUSE OF DEATH
a) Father		
b) Mother		
c) Brothers or Sisters		

**AIDS (Acquired Immune Deficiency Syndrome) QUESTIONS. PLEASE TICK IN THE APPROPRIATE BOX**

	Yes	No
Have you received medical advice or treatment in connection with AIDS or an AIDS-related condition or a sexually transmitted disease?		
Have you been told you had AIDS-related complex?		
Have you had or been told you had a positive blood test for antibodies to the AIDS virus (Human Immune Deficiency Virus)?		
Do you have any of the following which are unexplained: Fatigue, Weight Loss, Diarrhoea, Enlarged Lymph nodes or unusual skin lesions?		

**DECLARATION**

I declare that the statements and particulars on this form are true and that I have not misstated or withheld any material facts. I agree that his application together with any other information supplied shall form the basis of the Insurance contract effected hereon. I have read and understood the terms and conditions set out in the policy document enclosed. I confirm that I cannot claim from more than two BIMA YANGU policies.

Proposer's full name \_\_\_\_\_ Signature \_\_\_\_\_

Witness's full name \_\_\_\_\_ Signature \_\_\_\_\_

Agent's full name \_\_\_\_\_ Signature \_\_\_\_\_