



sacos

Proposal form for a credit life assurance policy

YOU ARE TO DISCLOSE IN THIS APPLICATION FORM, FULLY AND FAITHFULLY ALL THE FACTS YOU KNOW OR OUGHT TO KNOW ABOUT YOURSELF OR THE LIFE BEING PROPOSED FOR LIFE ASSURANCE OTHERWISE YOU MAY INVALIDATE THE POLICY AND RECEIVE NOTHING FROM IT. ALL QUESTIONS MUST BE ANSWERED IN BLOCK LETTERS AND IN INK. DASHES ARE NOT ACCEPTABLE.

POLICY NUMBER

Proposal Number

PERSONAL DETAILS OF THE LIFE TO BE ASSURED

NOTE: A copy of either Birth Certificate, National ID Card or Passport must be submitted a proof of Identity and age.

Name

Other Names

Date of Birth

Age next Birthday

National Identity Card No

Citizenship status

Marital Status

Residential Address

Mailing Address (If different from above)

Telephone (Mobile)

Telephone (Home)

Telephone (Work)

Telephone (Other)

Employer's Name & Address

Occupation (Please give full Details)

State exact nature of work/duties performed

Gender:

Male

Female

PARTICULARS OF THE LOAN APPLIED FOR

Amount of mortgage loan to be covered (SCR)

Rate of interest charges

Purpose of Loan

Name and address of the Bank or the financial institution granting the mortgage loan

Term of repayment of loan (Years)

Term of repayment of loan (Months)

Is the single premium included in the loan amount?

Yes No

Total sum assured (SCR)

Amount of single Premium (SCR)

NOTE 1: This beneficiary of the policy will be the bank granting the loan until it has been fully repaid.
The sum assured of the policy must be equal to the total amount of loan.

NOTE 2: In the event of claim, the liability of the Company will be the balance as shown in the Table of Benefits (attached to the policy) at the time of death.

Is the Total & Permanent Disablement benefit to be included?

Yes No

Do you already have a life insurance policy or a mortgage protection policy with the company or any other company?

Yes No

If Yes, Kindly provide the following information:

Type of policy

POLICY NUMBER

Date policy issued

Sum assured (SCR)

Has any proposal for the assurance or mortgage protection policy made by you to the Company or any other insurance company been:

a) Declined/postponed

Yes No

b) Accepted at special rates, other than the normal rates?

Yes No

If the answer is Yes give reasons

DECLARATION

I declare that I give my full consent to the company seeking any medical information from any doctor who may have attended to me and I hereby authorise the said doctor to supply all the information to the company I declare that I am in good health and actively at work at the inception of this policy or the day I am eligible to be included in the scheme and have not been absent for more than 10 days due to illness in the preceding three months.

If I cannot satisfy this condition, then cover will not be provided until;

- i. I have returned to work and completed two months continued and active service
- ii. I have completed a medical proposal form satisfactorily to SACOS Life Company Limited. if I wish to be included in the scheme.

Actively at work means that I am not only present at my place(s) of work on the prescribed day but I am mentally and physically capable of carrying out my normal regular duties associated with the job for which I am employed.

I further declare that to the best of my knowledge and belief, the foregoing answers written and/or dictated by me and which I have read over are true and complete and I agree that the answers, together with my statements which are required to be given by me to the medical examiner acting on behalf of the company shall be the basis of the policy contract between myself and the SACOS LIFE ASSURANCE COMPANY LIMITED. I also declare that I shall inform the company of any change to any material fact in this proposal and understand that failure to do so may result in the proposed contract becoming void.

Signature of insured

Date

SAC122-0919-V3