



CIC LIFE



KANGACHEPE PROPOSAL FORM

PART A – PERSON COVERED

Name		Date of Birth	DD/MM/YYYY
Middle Name		Gender	
Surname		Occupation	
Marital Status		National ID #	
SACCO/Co-operative		Village	
Phone		TA	
Address			
District		Email	

PART B – BENEFICIARIES

	Full Names		Date of Birth	Relationship	National ID #	Phone Number
1	First Name	Second Name	DD/MM/YYYY			
2	First Name	Second Name	DD/MM/YYYY			
3	First Name	Second Name	DD/MM/YYYY			
4	First Name	Second Name	DD/MM/YYYY			
5	First Name	Second Name	DD/MM/YYYY			
6	First Name	Second Name	DD/MM/YYYY			
7	First Name	Second Name	DD/MM/YYYY			
8	First Name	Second Name	DD/MM/YYYY			
9	First Name	Second Name	DD/MM/YYYY			

PART C – NEXT OF KIN

Name		Date of Birth	DD/MM/YYYY
Middle Name		Gender	
Surname		Relationship	
Email Address		Phone	
Address			

PART D

Total Premium Paid (MK _____)

PART E – DECLARATION BY THE LIFE ASSURED

To the best of your knowledge, are you in good health? YES / NO If no, please explain

I declare that the information I have given is true and I will be liable for any information or part there of which is false.

Signed at _____ on this _____

Signature of the Life Assured _____