

All questions must be answered in full and in block letters. In case of alterations, please put a line through the incorrect part of the answer and counter sign next to the alteration. Proof of identity of ALL the proposed lives assured is required. Provide a copy of their National Identity Card or Passport for adults and birth certificates for children as well as a copy of the PIN certificate (main life assured only).

PRODUCT (Please tick one)

Pumzisha Hosaicare

Serial No.: **R**

SECTION 1: CLIENT'S DETAILS

Proposed Main Life Assured/Insured

Surname:	<input type="text"/>	Other Name:	<input type="text"/>	Title:	<input type="text"/>
Postal Address:	<input type="text"/>	Postal Code:	<input type="text"/>	City/Town:	<input type="text"/>
Date of Birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Nationality:	<input type="text"/>
ID No.:	<input type="text"/>	Telephone No.:	<input type="text"/>		
Email Address:	<input type="text"/>	Occupation:	<input type="text"/>		
Name and Address of Employer OR details of Business if self employed:	<input type="text"/>				
Marital Status:	<input type="text"/>	PIN No.:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Address:	<input type="text"/>				

SECTION 2: POLICY DETAILS

2.1 Payments

Method of Payment:	Banker's Order <input type="checkbox"/> Direct Debit <input type="checkbox"/> Check off <input type="checkbox"/> Cash <input type="checkbox"/> (Cash only applicable to non-monthly payment frequencies)
Frequency of Payment:	Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/>

(Kindly fill this section according to the product selected above)

2.2 Hosaicare

Term: 5 Years	Last Expense Benefit: KShs. 20,000	Maximum Hospitalisation Benefit: KShs. 52,000
Premium:	<input type="checkbox"/> Monthly KShs. 250 <input type="checkbox"/> Semi-Annually KShs. 1,500	<input type="checkbox"/> Quarterly KShs. 750 <input type="checkbox"/> Annually KShs. 2,950

2.3 Pumzisha

Kindly Indicate Monthly Income: Less than KShs. 40,000 Between KShs. 40,001 - KShs. 100,000 Above KShs. 100,101

Sum Assured: KShs. 50,000 KShs. 70,000 KShs. 100,000 KShs. 200,000 KShs. 300,000 KShs. 500,000

Term: 5 yrs 6 yrs 7 yrs 8 yrs 9 yrs 10 yrs

Basic Premium: KShs.

Optional Benefits

Cash Investment: KShs.

Benefit Enhancement: 5% 10% 15% 20% 25%

Please list the members of your family you wish to include under the Pumzisha Cover i.e. parents, parents-in-law and children (maximum age of parents and parents-in-law is 69 years, whilst maximum age for children is 25 years).

Names of Lives Assured	Date of Birth	Relationship	Signature and ID Number (Adults only)

SECTION 3: DETAILS OF BENEFICIARY FOR PROCEEDS

Please note that ALL benefits are payable to the policy owner on the maturity date. Kindly nominate your beneficiary(ies). For more than one beneficiary, the percentage shared must add up to 100%.

PRIMARY BENEFICIARIES						Guardian (if beneficiary is a minor)			
Full Name	D.O.B	ID No.	%	Tel No.	Relationship	Full Name	ID No.	Tel No.	Relationship

SECTION 4: ADDITIONAL INFORMATION

Please use the space provided below to provide any additional information necessary.

SECTION 5: DECLARATION

- I warrant that all the information given in this application and in all documents which have been or will be signed by me or the Life Assured(s) in connection with the policy are true and correct.
- I agree that the statements in this application and in the documents mentioned above, shall be the basis of the policy and that any misstatement or omission therein may lead to the policy being declared void by APA Life Assurance Ltd. and that in such event all moneys paid in respect thereof shall be at the discretion of the Company.
- I hereby irrevocably authorise and request any doctor or other person, who may be in possession of or hereafter acquire information concerning the health of the Life/Lives Assured up to the time the policy is issued to disclose such information to APA Life Assurance Ltd. and I agree that this authority and request shall remain in force after the Life Assured's death as well as prior thereto.
- I understand that failure to disclose to APA Life Assurance Ltd. any material information before the policy is issued or alteration of the facts upon which the decision of APA Life Assurance Ltd. is based or any illness or injury suffered by the Life/Lives Assured before the policy is issued between the date hereto and the date upon which the policy is issued may lead to the policy being declared void by APA Life Assurance Ltd. and I agree that in such event, all moneys paid in respect thereof shall be forfeited.

I understand that the statements and all information provided in this application form complete and true to the best of my knowledge and that they will form part of the policy. Change in amount, classification or benefits shall be effective unless agreed to in writing by the policy owner.

It is also agreed that APA Life will incur no liability under this application until:

- The application has been received and approved
- The premium has been paid and accepted by APA Life

I understand that no intermediary has the authority to waive the answers to any of the question in this application, to make or alter any contract for APA Life Assurance.

I declare that all lives insured under this policy are in good health and are able to go about their day to day activities.

Submitted requirements: Copy of ID Proof of PIN Direct Debit or Check Off Form

M-PESA PayBill 527600 (for first and non-monthly premium)

Signed at

D	D	M	M	Y	Y	Y	Y
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Signature of proposed main life assured

Signature verification

SECTION 6: OFFICIAL USE ONLY

Branch:

Agent's Name:

Agent's Signature:

Unit Manager's Name:

Unit Manager's Signature:

Agency Manager's Name:

Agency Manager's Signature:

APA LIFE
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 BRANCH OFFICES: Mombasa | Nairobi | Nakuru | Kisumu | Eldoret | Naivasha | Thika | Meru | Nyeri | Embu | Kisii | Machakos

*Terms and conditions apply.