

FARIJI APPLICATION FORM

A PLEASE COMPLETE THIS APPLICATION IN INK AND CAPITAL LETTERS AND ANSWER ALL QUESTIONS

Data Collection Consent: Pursuant to the Data Protection Act, 2019 ("DPA") and the European Union General Data Protection Regulation ("EU GDPR"), Britam Life Assurance Company (K) Limited ("Britam"), in its capacity as a data controller and/or processor under the DPA and EU GDPR, must obtain your explicit, affirmative, and informed consent before it can collect or process any personal data for a lawful basis. Britam shall only use your personal data to administer applied products and services requested from Britam. In order to provide you with the above services, Britam will need to collect, process and store your personal data for the duration of the product. If you consent to us storing your personal data for this purpose, please tick the checkbox below. I agree to Britam's collecting, processing and storage of my personal data.

POLICY NO. COMMENCEMENT DATE

B APPLICANT/OWNER (As on ID): TITLE

POSTAL ADDRESS POSTAL CODE

WHERE DO YOU LIVE? ESTATE OR VILLAGE HOUSE NO. NEAREST LANDMARK

DATE OF BIRTH STATUS: MARRIED SINGLE WIDOWED OTHER SEX M F

ID/PP NUMBER PIN NO. OCCUPATION/DESIGNATION

NATURE OF BUSINESS Location of Business Activity TOWN STREET BUILDING

EMPLOYER'S DETAILS

WORK TEL. NUMBER NATIONALITY PRIMARY MOBILE NO.

PRIMARY E-MAIL

C US CITIZEN/RESIDENT YES NO (US citizens/residents include; persons born in US, or holder of green card, or has US residential address, or US telephone number, or US correspondence, or C/O or hold mail address in US, or standing order to US bank or account granted power of attorney or signatory authority to person with US address) **IF Yes, complete the US indicia forms.**

SUM ASSURED

PREMIUM

D CLIENT TO PROVIDE THE INFORMATION BELOW

Do you hold/have ever held a political office or ranking public office? Yes No

Does your close relatives/business partner hold / ever held a political office or high ranking public office?" Yes No

E E-POLICY We shall provide and deliver your **E-Policy** through the e-mail address as provided above.

F CHOOSE YOUR PREMIUM PAYMENT FREQUENCY

Monthly Quarterly Semi Annual Annual

G MODE OF PREMIUM PAYMENT

Mobile Money (M-Pesa Paybill No. 541400) Check-Off (please fill in Check-Off form)

Direct Debit (please fill in DDA form) Cheque (for quarterly, semi-annual and annual premium modes only)

H NOMINATED BENEFICIARY NAME AS PER ID/PP

ID/PP NUMBER

DATE OF BIRTH GENDER Male Female

Notice to the Applicant: No Staff or Agent of Britam Life Assurance Co. (K) Ltd or Broker is Authorised to accept Cash or Mobile Money on behalf of the Company. All Premium payments by cash must be banked into the Company's Account provided for this purpose or paid into the Company's MPesa Paybill No. 541400. The Company shall not be liable for any cash given to a staff, Agent or Broker.

NOMINEE (To receive benefits for beneficiary who is a Minor)

NAME AS PER ID/PP

RELATIONSHIP TO LIFE ASSURED ID/PP NUMBER

DATE OF BIRTH GENDER Male Female

AGENT CODE / DEBIT NUMBER

AGENCY/BRANCH

Are You in good health now? Yes No If No state your current condition _____

DECLARATIONS

I,the policy owner declare and agree that;

- (1) This application is hereby made to Britam Life Assurance Co. (K) Ltd. according to the Company's term and conditions.
- (2) The answers in this application are complete and true.
- (3) The statements made in this application and in any other documentation submitted in connection with this application form the basis of the policy applied for and shall constitute all representations made as a basis for the policy. I have checked those statements carefully and if there are any changes to the information in this form before the policy starts, I will tell Britam Life Assurance Company (K) Ltd.
- (4) No agent has the authority to waive a question in the application, modify the application or bind the Company by making any promise or representation or by giving or receiving any information.
- (5) I irrevocably authorize and request any Doctor or other person who may be in possession of or hereafter acquire any information concerning my health (where such information relates to the past or the future) to disclose such information to Britam Life Assurance Company (K) Ltd. I agree that this authority and request shall remain in force after my death as well as prior thereto.
- (6) The Company may recover any expenses incurred if I terminate the application for insurance before the contract is completed.
- (7) The Company shall not be liable for having received and acted in good faith upon any and/or all instructions received through electronic communication purporting to come from me but which is subsequently discovered to, or may, emanate from unauthorized individuals or in any other circumstances whatsoever and, I shall keep the Company indemnified at all times against all actions, proceedings, claims, loss, damage, costs, and expenses which may be brought against or incurred by the Company by reason of the Company accepting such instructions.

(8) I authorise Britam Life Assurance Co. (K) Ltd to pay all my future policy benefits to the Account below until advised otherwise in writing.

Type of Account _____

Account No. _____

Account Holder's Name _____

Bank Name _____

Bank Branch (Town & Place) _____

Signature: _____ Date _____

Witness _____ Date _____

I understand that Information regarding my insurability will be treated as confidential.
The company or its reinsurers may however release information in its file to other Insurance Companies to whom I may apply for insurance cover, or to whom a claim for benefits may be submitted.

AGENT'S DETAILS

Agent's Name <input type="text"/>	Signature <input type="text"/>	Date <input type="text"/>
Manager's Name <input type="text"/>	Signature <input type="text"/>	Date <input type="text"/>

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