Britam
With you every step of the way

LIFE APPLICATION

No. 60661361

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

POLICY NO. | COMMENCEMENT DATE

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 | MOBILE NO. | EMAIL

NATIONALITY | PREFERRED MODE OF COMMUNICATION: EMAIL ☐ LETTER ☐

LIFE PROPOSED (IF DIFFERENT FROM OWNER)

NAME

DATE OF BIRTH | ID/BIRTH CERT NO. | SEX M ☐ F ☐

FINANCIAL QUESTIONAIRE

SOURCE OF PREMIUM: SALARY ☐ BUSINESS ☐ OTHER

TOTAL MONTHLY EXPENDITURE (A)	NET SALARY INCOME (B)	OTHER INCOME (C) (FARMING, BUSINESS, ETC)	DISPOSABLE INCOME (D) (B+C-A)

GROSS PREMIUM FOR APPLICATION(S) (E)	RATIO OF GROSS PREMIUM TO NET INCOME (F)= E/D x 100%) NB (F) SHOULD NOT EXCEED 20%

PRODUCT TYPE & PLAN DESCRIPTION

LIEN ☐ NON-LIEN ☐

PLAN CODE	DESCRIPTION OF BENEFITS	TERM	INITIAL SUM ASSURED	PREMIUM

POLICY FEE | POLICY HOLDER'S COMPENSATION LEVY | TOTAL PREMIUM

PREMIUM PAYER (If other than **life assured**) NAME: | Relationship to Life assured

PREFERRED METHOD OF POLICY DELIVERY **Post Office** ☐ **Agent** ☐

WOULD YOU LIKE TO BE PROVIDED WITH ONLINE ACCESS RIGHTS TO YOUR POLICY? **Yes** ☐ **No** ☐

FREQUENCY /MODE OF PAYMENT

☐ **Annual** ☐ **Semi-Annual** ☐ **Quarterly** ☐ **Monthly**

☐ **Cheque** ☐ **Check-off** ☐ **DDA** ☐ **M-Pesa** Use Business No. **541400**

BANK DETAILS FOR PREMIUM PAYMENT

A/c Name: ....

Bank Name.................................... **Branch & Town**.................................... **A/C No.** ....

BENEFICIARY DESIGNATION

NB: For additional Beneficiary(s) Attach a signed list with same details

	NAME	SHARE %	RELATIONSHIP	DATE OF BIRTH	ID NUMBER	MOBILE PHONE NO.
1.						
2.						
3.						
4.						

NOMINEE (If any of the above beneficiaries is a minor)

	NAME	RELATIONSHIP	DATE OF BIRTH	ID NUMBER	TEL. NUMBER
1.					
2.					

AGENT'S DETAILS

Agent's Name | **Signature** | **Date**

Manager's Name | **Signature** | **Date**

NOTICE TO 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.

HEALTH QUESTIONS FOR LIFE PROPOSED

Every indicated question must be answered by the Policy Owner

1. (a) Name and Address of your Doctor
   (b) When and why was this doctor last consulted?
   (c) If you have consulted or been examined by any other doctor within the last five years give name, address, diagnosis and treatment.
2. Height ______ Weight ______
3.

Family History	Age if Living	State of Health	Age at Death	Cause of Death
Father				
Mother				
Husband/Wife				
Children				
Brother /Sister				

HEALTH QUESTIONS

When any of the questions 1 to 14 hereunder is answered "YES" give full details. Specify the conditions, items or history and give dates, duration, treatment and name and address of each doctor consulted.

DETAILS: Attach a separate sheet if space is inadequate, date and sign it.

4. Do you have any health problems or are you taking treatment or medication of any kind? ______ YES ☐ NO ☐
5. (a) Have you smoked cigarrettes within the last 12 months? YES ☐ NO ☐
   (b) Have you used tobacco products or any habit-forming drugs within the last 10 years? if yes, state type of product and average daily use. ______ YES ☐ NO ☐
   (c) What was your average daily consumption of alcohol over the past 5 years? ______ YES ☐ NO ☐
6. Have you or any member of your family ever suffered from diabetes, heart disease, mental illness or cancer of any sort? ______ YES ☐ NO ☐
7. Have you ever had or been told that you had:
   (a) Dizziness, fainting spells, epilepsy, nervous disorder, depression, severe headaches, stroke or any disease or disorder of the brain or nervous system?______ YES ☐ NO ☐
   (b) Asthma, bronchitis, spitting of blood, tuberculosis, or any disease or disorder of the lungs or respiratory system? ______ YES ☐ NO ☐
   (c) High blood pressure, chest pain, heart attack, shortness of breath, heart murmur or any disease or disorder of the heart or blood vessels or elevated serum cholesterol or triglycerides? ______ YES ☐ NO ☐
   (d) Ulcer of the intestinal track, indigestion, diarrhoea, intestinal bleeding, disorder colitis, jaundice, nephritis, kidney stones, albumin or blood in the urine or any disease of the stomach, intestines bowel, rectum, liver, gall bladder, pancreas, spleen, kidneys or bladder? ______ YES ☐ NO ☐
   (e) Any disease of the prostrate or testes if a male or of the breast, uterus or ovaries if a female?______ YES ☐ NO ☐
   (f) Goitre, enlarged glands, anaemia, syphilis, leukemia diabetes, sugar in the urine or any disease or disorder of the glands or blood? ______ YES ☐ NO ☐
   (g) Backache, sciatica, arthritis, gout, anaemia, rheumatism, rheumatic fever, or any disease or disorder of the bones joints or spine or any unusual skin lesions or unexpected infection, cancer or tumor or any other growth?______ YES ☐ NO ☐
   (h) Varicose veins, varicose ulcers, phlebitis or hernia or any disease or disorder of the eyes, ears, nose or throat or any allergies?______ YES ☐ NO ☐
8. Have you ever been advised to have a blood test for AIDS or AIDS related conditions or refused as a blood donor? YES ☐ NO ☐
9. Have you any abnormality, disease or disorder not mentioned above? ______ YES ☐ NO ☐
10 Have you ever been advised to have an operation or to have treatment for Alcoholism or habit-forming drugs? ______ YES ☐ NO ☐
11.(For females only) Are you pregnant? If yes" give the number of weeks______ YES ☐ NO ☐

12.INSURANCE HISTORY

1. What other insurance do you have in force and pending?

Name of Company	Year Issued	Type of Insurance	Amount of Insurance

HEAD OFFICE:
Britam Centre,
Mara/Ragati Road Junction, Upperhill
P.O. Box 30375-00100, Nairobi
Tel: (020) 2833000/0703 094000
Email: insurance@britam.com Website: www.britam.com

13. **Other Details**
    Have you:-
    (a) Ever had an application or request for insurance declined, postponed, rated or modified in any way? YES ☐ NO ☐
    (b) Ever had renewal of an insurance coverage refused or modified? ______ YES ☐ NO ☐
    (c) Ever claimed or received payment for any sickness, accident or injury?______ YES ☐ NO ☐
    (d) Flown as a pilot or student pilot within the last 3 years or is any such activity contemplated?______ YES ☐ NO ☐
    (e) Ever engaged in racing Underwater, diving, parachuting or any other hazardous occupation or sport or is any such activity contemplated?______ YES ☐ NO ☐
    (f) Do you know of any likely change in your occupation or lifestyle which might effect your insurability?______ YES ☐ NO ☐

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) 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.