

LAST EXPENSE PLAN MEMBERSHIP APPLICATION

DETAILS OF PRINCIPAL MEMBER

Name (in Block Letters) of the person by whom the assurance is to be effected.

Title.....First Name.....Middle Name(s).....

National Identity Card.....KRA PIN.....

D.O.B..... Phone Number.....

P.O. Box.....Postal Code..... Email.....

Member No.....

The coverage is Ksh. 50,000 per member

DEPENDANTS

Name	Relationship	D.O.B	Phone No.
	Spouse		
	Child 1		
	Child 2		
	Child 3		
	Father		
	Mother		
	Father-In-Law		
	Mother-In-Law		

NOTE: Attach Legal identification documents for the members covered i.e. ID/Passport for adults and Birth Certificates for Children. Adults and children should be below 80 years and 25 years of age respectively as at the time of application. An additional Ksh. 200 per month is required to cover in-laws.

DECLARATION

I..... declare that all statements made on this form are complete and true and I agree they shall form part of my application. I fully understand the terms, conditions and benefits of the policy. I agree that if the above declaration is not true, the benefits under this scheme shall be null and void.

Member's signature.....Date.....