



PAN AFRICA LIFE ASSURANCE LIMITED  
GROUP CREDIT ASSURANCE POLICY  
PROPOSAL FORM

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1. Name of Company/ Organization.....
  
2. Address of the Company / Organization.....
  
3. Nature of Company's business (If more than one, state all)  
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4. Total number of borrowers at inception of the scheme.....
  
5. Does any other company / organization now carry or have any other company / organization ever carried any form of Group Insurance on your members? Yes / No  
If so, submit detailed information on previous Group Insurance Coverage.  
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.....
  
6. Representatives of the company with whom correspondence is to be made.  
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.....
  
7. Amount of first premium Kshs.....
  
8. Effective date of cover.....
  
9. The company agrees to submit a schedule of all its members to Pan Africa Life Assurance Limited. A report must also be made of all new members joining the scheme after commencement date.

The Company / Organization also agrees to pay the required premiums to Pan Africa Life Assurance Limited.

Signed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 2007.

.....  
Name of the Official of Company/Organization

.....  
Signature / Rubber