



PAN AFRICA LIFE ASSURANCE LIMITED

GROUP LAST EXPENSE ASSURANCE POLICY
GROUP PROPOSAL FORM

1. Name of Company / Organization.....

2. Address of the Company / Organization:.....

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3. Are there any employees working outside Kenya? If so, give their particulars.

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4. Nature of Company's / Organization's business (if more than one business, state all)

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5. New employees must be notified to Pan Africa Life Assurance Limited before they become eligible for insurance.

6. Does any other Company or Organization now carry or has ever carried any form of group insurance on your Employees?

Yes/No. If yes, give particulars of Company.

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8. Commencement Date of Assurance.....

9. The Company / Organization agrees to give all eligible employees an opportunity to enroll in the scheme as they become eligible and to report to the Pan Africa Life Assurance Limited all employees who enroll.

The Company / Organization further agrees to pay the required premiums.

Signed at on the..... day of 2008

Name of the Official of the Company

Signature/ Official Rubber Stamp