



PAN AFRICA LIFE ASSURANCE LIMITED

**STAFF GROUP LIFE ASSURANCE SCHEME
EMPLOYEE'S ENROLLEMENT APPLICATION FORM**

INFORMATION BY THE EMPLOYEE

(Please complete this application form in capital letters)

To:
(Name and address of the Employer)

I hereby apply for admission as a member of the Staff Group Life Assurance Scheme and agree to be bound by the Rules of the Scheme.

Employee's Name:

Gender:

Date of Birth:

National Identity Card No.

Date of Employment:

Occupation :

Current Annual Salary: Kshs.

Employee's Signature: Date:

INFORMATION BY THE EMPLOYER

Employee's date of admission into the Scheme:.....
(To be completed by Authorised officer)

Name of the Officer:.....

Designation:

.....
Signature & Official Rubber Stamp