



PAN AFRICA LIFE ASSURANCE LIMITED

GROUP LIFE ASSURANCE POLICY
GROUP PROPOSAL FORM

1. Name of Company/Organisation.
2. Address
3. Nature of business (If more than one, state all)
.....
4. Total number of employees at inception of the scheme.....
5. Does any other company or association now carry or has any other company or association ever carried any form of Group Insurance on your members? Yes/No
If so, submit detailed information on previous Group Insurance Coverage.
.....
6. Representatives of the company with whom correspondence is to be made.
.....
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 also agrees to pay the required premiums to Pan Africa Life Assurance Limited.

However, please note that no insurance will be effective until: -

a) This application has been approved and accepted by the company at its Head office
b) The first premium has been paid to Pan Africa Life Assurance Company by the company / Organization.

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

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

.....
Signature/ Official Rubber Stamp