



Pan Africa Life Assurance Limited
Mortgage Protection Assurance Policy- Proposal Form

PERSONAL DETAILS:

Name of the Financier:		Reference No:	
Surname:	Other Names:	Sex:	<input type="checkbox"/> M <input type="checkbox"/> F
Postal Address:	Postal Code:	Town:	
Tel No:	Fax No:	E-mail:	
Date of Birth:	Age Next Birthday:	Occupation:	
Name of Employer:			
ID Type:	Natioortnal ID card	<input type="checkbox"/>	ID Number:
	Passp	<input type="checkbox"/>	
	<i>(Tick where appropriate)</i> Driving License	<input type="checkbox"/>	
	Birth Certificate	<input type="checkbox"/>	

PARTICULARS OF LOAN:

Amount of Loan:	Interest Rate:
Period of Cover (Months):	Premium Rate:
Frequency of Premium Payments:	Premium Payable:
Name of the Bank Providing the loan facility:	Loan Start Date:

DECLARATIONS:

I, declare that to the best of my knowledge and belief:
 I am in good health and free from disease or disability or symptoms thereof and I am not receiving any regular treatment and have not done so in the last 12 months and the assurance does not replace any other existing assurance with any life assurer. I understand that I may be required to submit to Medical Examinations in certain circumstances.

This policy has been effected by me voluntarily and has not been made a condition for granting the loan by the Institution. I agree that if the above declaration is not true, this assurance shall be null and void.

Signed at On this day of Year

.....
 Signature of the Assured: Signed for and on behalf of Pan Africa Life Assurance Ltd.

NB: If joint life, complete a separate proposal form for the joint applicant.