



LOAN PROTECTION APPLICATION FORM

“(Hereafter referred to in this form as “the policy”)”

1. APPLICANT'S DETAILS (IF COMPANY ,NAMES OF KEY MAN INDIVIDUALS)

Applicant's full Name _____

Date of Birth _____ ID Card/ Passport No _____ (Attach Copy)

Place of Birth _____

Telephone No: Business _____

Mobile: _____

Postal Address _____

Gender _____

Email address _____

2. PARTICULARS OF LOAN

Amount of Loan: _____ Interest rate charged (%) _____

Effective date of Loan: _____ Period term/Repayment period (months): _____

Premium Rate: _____ Premium Period term/Repayment period (months): _____

Premium Frequency: _____ Cover Commencement Date: _____

3. DECLARATION OF APPLICANT

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 insurance company. I understand that I may be required to submit to Medical Examinations in certain circumstances.

I do hereby assign and authorize **OLD MUTUAL LIFE ASSURANCE COMPANY LTD** to pay benefits under the policy in the event of a claim, to **KENYA INDUSTRIAL ESTATES LIMITED** to clear any outstanding loan that I might have with the financing Institution.

Signed on this _____ Day of _____ Year _____

Signature of Borrower

Old Mutual Life Assurance Company Limited.

P. O. Box 30059-00100 Old Mutual Building, Corner of Mara / Hospital Roads Tel 2829000

Fax: 2722415 Email: corporateunderwriting@oldmutualkenya.com