

## LALA SALAMA GROUP PROPOSAL FORM

**I: PROPOSER DETAILS** 

## Branch: .......... Code: ........... Form No: LS ............ Date of Commencement: Name of Scheme / Proposer: ..... Postal Address: Post Code: Town: PIN: Fax No. Email: Main occupation of applicant: **Permanent Mailing Address:** P.O. Box Post Code: City/Town: Country: E-mail: Mobile Mobile Permanent Physical Address: II: Type of Scheme Proposed (Please Tick As Applicable) (Family Funeral cash will always ride on Principal Member) a) Funeral Cash - Principal Member (Maximum Ksh. 200,000) Cover amount required **Kshs.** Principal Member ...... b) Family Funeral Cash (Maximum Ksh. 500,000 for children) Benefits Selected: Spouse Child Parent

## III. SUMMARY COVER<sup>1</sup>

|                            | Number                                  | Benefit Per<br>Member | Premium Per<br>Member | Total Premium                                 |
|----------------------------|---|-----------------------|-----------------------|---|
| Principal<br>Member        |   |                       |                       |   |
| Spouses                    |   |                       |                       |   |
| Parents                    |   |                       |                       |   |
| Children                   |   |                       |                       |   |
| Total                      |   |                       |                       |   |
| IV. PREMIUM PA             | YMENT:                                  |                       |                       |   |
|                            |   |                       |                       |   |
| Frequency:                 | Annually                                | ☐ Half Yearly         | ☐ Quarterly           | ☐ Monthly                                     |
| Mode (Please tick b        | pelow)                                  |                       |                       |   |
| Cheque 🗌                   | Direct Debit 🔲                          | EFT 🛚                 | Bankers Order         |   |
| V. AUTHORIZATI             | ON / DECLARAT                           | ION                   |                       |   |
|                            | nya Ltd. to prepare                     |                       |                       | and authorize Madiso<br>above information and |
| Name                       | <br>C                                   | esignation            | Signatu               | re  |
| Date:                      |   | Official Rubber S     | tamp                  |   |
| ••••••                     | • |                       |                       | •       |
| FOR PREMIUM US<br>PREMIUMS | SE ONLY                                 |                       |                       |   |
| Funeral Cash Cover         | :                                       |                       |                       |   |
| PHCF Levy                  | :                                       | •••••                 |                       |   |
| Total Shs.                 |   | •••••                 |                       |   |
|                            |   |                       |                       |   |
|                            |   |                       |                       |   |

<sup>&</sup>lt;sup>1</sup>Please provide a separate schedule of all members to be covering showing: Name, ID Number and the respective salaries or cover amount.