



**MONTEZUMA MONALISA
LALA SALAMA PACKAGE**

APPLICATION FORM

Proposal No

Branch/Agency

Intermediary & Code

I. PRINCIPAL MEMBER DETAILS

Full Name of Applicant (Exactly as appearing in the National Identity Card or Passport):

Title: Surname: First Name: Last Name:

.....

Date of Birth(dd/mm/yyyy):...../...../..... Gender:..... Identity Card No..... PIN No.....

P.O. Box:..... Postal Code:..... Town:..... Country:.....

Land Tel No:..... Mobile Tel No:..... E-mail address:.....

Occupation:..... Employer (if any):.....

Employer's Tel No.:..... Postal Code:.....

II. DEPENDANTS DETAILS

A. Spouse(s)

Name	Date of Birth (dd/mm/yyyy)	ID NO	MOBILE NO

B. Children

(6 months to 18 years. For students maximum age is 24 years)

No	Name	Date of Birth (dd/mm/yyyy)	Gender	ID/Birth Certificate No.
1				
2				
3				
4				
5				
6				

C. Parents

(Father-in-law and Mother-in-law can be included)

No	Name	Relationship	Date of Birth (dd/mm/yyyy)	ID No.
1				
2				
3				
4				

III. NOMINATION OF BENEFICIARIES

No	Name	Relationship	Date of Birth (dd/mm/yyyy)	ID No.	Tel No.	% Split
1						
2						
3						
4						
5						
6						
Total						100%

IV. BENEFITS & PREMIUM

PACKAGE	SUM ASSURED	AGE NEXT BIRTHDAY		
		UP TO 65 YRS	66 YRS - 70 YRS	71 YRS - 75 YRS
		PREMIUMS		
Royal	300,000	4,125	5,160	5,775
Executive	200,000	2,750	3,440	3,850
Premier	100,000	1,375	1,720	1,925

Package Selected Royal Executive Premier

V. PREMIUM CALCULATION

	NO.	PREMIUM
POLICYHOLDER		
SPOUSE(S)		
CHILDREN		
PARENTS		
TOTAL		

VI. MODE OF PAYMENT

- M-PESA (Business account 600800, under Account No. indicate the Proposal No. overleaf)
- Cash
- Cheque
- Bankers order

VII. REQUIREMENTS & CONFIRMATION OF GOOD HEALTH

I confirm that the following documents are attached:

- Copies of identity documents (Principal & Dependants). Yes No
- Birth Certificates (Children) Yes No
- Proof of payment Yes No

I also confirm to the best of my ability that all the above-named persons and I are in good health. Yes No

If No, kindly provide details:

NB: The waiting period is 3 months for death as a result of natural causes

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Madison Life Assurance Kenya Limited is regulated by the Insurance Regulatory Authority

MLAK/CLM/GLCF/001/2019

VIII. DECLARATION

I hereby declare to the best of my knowledge and belief that the information given above is true and complete and together with any written statement made by me in this regard shall be deemed to form part of any resultant contract(s) between me and Madison Life Assurance Kenya Limited and that any material information withheld or not truly or fairly stated shall render any assurance null and void.

Signed By (Name) Signature

Dated this Day of Year