

PERSONAL DETAILS FOR NEW POLICY APPLICATION

SECTION A - PERSONAL DETAILS

Titles: Mr./Mrs./Miss/Dr/Rev/Prof./Hon (Please circle)
 Full Names.....Nee:.....
 Date of birth.....
 Place of Birth.....
 Height Weight.....
 Proof of Identification.....
 (Driving License/ Passport/Employment Identification/Letter from Employer/ letter from District Commissioner/letter of Village Headman/T/A/Commissioner of Oath/ MEC Voter ID/Student ID)
 Marital Status (Please tick):
 Single Married Divorced Widowed Separated
 Present Postal address.....

 Email Address.....
 Telephone number: Office.....Home.....Cell.....
 Residential (Physical) Address.....
 Home villageT/A.....District.....
 Utility Number (WATERBOARD) (ESCOM)(Either/Both)

SECTION B-- FINANCIAL DETAILS

Gross Monthly Earnings(MWK).....
 Sources Of Income (Please tick) Employed Self Employed Both Other(Specify)
 Occupation..... Employer (if employed).....
 Brief Description of Duties.....
 Nature of Business (Self- employed).....
 Commencement Date of Policy.....
 Premium monthly.....Quarterly.....Half yearly.....annually.....
 Account Number.....Employment number.....
 Account NamePaypoint.....
 Bank.....Number.....
 Branch.....Department.....
 Station.....
 Medical Attendant
 NEXT OF KIN.....DOB.....
 Relationship.....Contact Address.....

Beneficiaries

NAME IN FULL	DATE OF BIRTH	RELATIONSHIP	%SHARE

Signature of Applicant