



CHILD DEFERRED ASSURANCE PROPOSAL FORM

(For children up to 15 years of age)

1. CHILD TO BE ASSURED

Surname.....Sex.....

Forenames.....

Place of Birth.....Date of Birth...../...../.....

2. DETAILS OF ASSURANCE:

Sum Assured K.....Premium Amount: K.....

Maturity Age: (Tick) 10 15 18 21 Policy Term.....

3. PREMIUM PAYMENT:

Frequency (Tick): Monthly Quarterly Half-Yearly Yearly

Stop Order (Tick): Bank Employer Direct Debit

Employer/ Bank.....

4. DETAILS OF GRANTEE/PAYER

Surname.....Maiden Name.....

Forenames.....

TITLE (Tick)TheHon.Pr Di R MrMrs Miss

Date of Birth:...../...../.....

Postal Address:

.....

.....Tel. No.....

E-mail Address.....HomeDistrict.....

5. NEXT OF KIN

Name.....Address.....

Relationship.....Phone No.....

6. DECLARATION

I declare that to the best of my knowledge all the above statements are true and correct in every particular aspect.

SIGNATURE OF GRANTEE.....DATE.....

Name of Introducer.....Code.....Signature.....