

PROPOSAL FOR LIFE ASSURANCE (MORTGAGE PROTECTION)

THE PROPOSER (FINANCIER): HOUSING FINANCE

PIN: P000593809V

THE LIFE TO BE ASSURED:

Name (in Block Letters): _____

Address: _____

Tel No: _____ Cellphone: _____

Exact Nature of Occupation: _____

Employer: _____

National Identity Card or Passport No: _____ (Please attach a copy)

PIN No: _____

Place of Birth _____ Date of Birth _____

Nationality _____ Age Next Birthday _____

Sum to be Assured (Kshs) _____ Term of Loan _____ (years)

Rate of interest _____ Monthly Repayment _____

HEALTH QUESTIONS FOR THE LIFE TO BE ASSURED

a) Name and address of your usual medical attendant?

b) Are there any unusually hazardous circumstances, which might affect this assurance e.g. dangerous sport, service in armed forces, aviation other than as a fare-paying passenger on a scheduled airline? If so please give details.

c) Has a proposal on your life ever been declined, postponed, withdrawn or accepted on special terms?

Have you ever had: - (please tick✓ only one)

- | | Yes | No |
|---|--------------------------|--------------------------|
| a) Unexplained recurrent or persistent fever, night sweats or skin disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Unexplained weight loss or persistent cough? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Unexplained infection or swollen glands? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Hepatitis B or Sexually transmitted diseases? | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Blood test for HIV or related conditions? | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Any illness or accident during the last 5 years that lasted for more than a month? | <input type="checkbox"/> | <input type="checkbox"/> |

If any of the above answer is "yes," please elaborate;

Are you now in all respect in good health?

What is your height? _____ ft _____ ins Weight? _____ Kgs

Do you smoke _____ State average daily use _____

DECLARATION BY THE LIFE ASSURED.

- a) I the person by whom the assurance is to be effected declare that the foregoing answers are true and complete.
- b) I agree that the foregoing answers and this declaration and answers to the questions put or to be put by the medical officer of the insurance company to the life proposed shall be the basis of contract between me and the insurance company.
- c) I also declare that the above answers are true and complete and consent to the insurance company seeking information from my medical attendant or any life assurance office to which I have at any time made a proposal for life assurance and authorize the giving of such information.

Signed at _____ this _____ day of _____ in the year _____

Signature of the applicant

Authorized signature and
Official stamp of the Financier
