

APPLICATION FOR:

Elimu Poa (VG)

METROPOLITAN
LIFE KENYA



Please write clearly using BLOCK letters and tick appropriate blocks

<input type="text" value="Contract number"/>	<input type="checkbox"/> Replacement of an existing contract	<input type="checkbox"/> Addition of Cash Withdrawal Benefit
<input type="checkbox"/> New business	<input type="checkbox"/> Contract alteration	<input type="checkbox"/> Replacement of a lapsed contract

1. Contract Owner and Premium Payer

Personal particulars

Title Surname

First names Maiden name

Gender Male Female Marital status Single Married Divorced Widowed

Date of birth Place of birth

y y y y m m d d

Individual profile

Occupation Employer* Nationality

* If operating your own business, indicate industry/type of business

National identity document Passport No.

PIN No. No. **MANDATORY: Attach copy of Identification Document & PIN.**

Addresses

Postal: (if workplace address, specify branch or department below) Residential:

Branch/ Department Building/ Village

PO Box Street/ Location

Town Town/ District

Code

Email

Telephone numbers

Work Home

Mobile Fax

2. Insured Life (Child)

Personal particulars

Title Surname

First names

Gender Male Female

Date of birth Place of birth

y y y y m m d d

Relationship to Contract Owner Own child Legally adopted child Other

SERIAL NUMBER



2. Method of Premium Payment

Salary deduction

I hereby authorise my Employer mentioned below to deduct the premium for this contract and to remit it to Metropolitan Life Insurance Kenya Ltd. This authorisation must be kept in force until such time as I cancel this authority or submit a replacement authority in writing.

Name of employer Employee's ref. number

Date of first deduction
y y y y m m d d

Date employment started
y y y y m m d d

Employment terms Temporary Permanent Contract

Job title

Signature of premium payer

Date
y y y y m m d d

3. Contract details

Payment frequency

(cannot be changed after policy issue)

- Monthly
- Quarterly
- Half-yearly
- Annually

AIM (Tick one)

- 0%
- 5%
- 10%
- 15%

Rider benefits

- Cash Withdrawal Benefit

Term

years
(Minimum 8 years)

Basic premium (A) KShs

Cash Withdrawal Benefit premium (B) KShs

Total premium (A+B) KShs
(including rider benefits)

