

APPLICATION FOR:

Labbaika



Please write clearly using BLOCK letters and tick appropriate blocks

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

1. Policy Owner and Life Insured

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)

Branch/Department Residential: Building/Village

PO Box Street/Location

Town Town/District

Code

Email

Telephone numbers

Work () Home ()

Mobile Fax ()

2. Method of Premium Payment

Please indicate method of payment:

Salary deduction (Please complete salary deduction form)

Bank debit order (Please complete relevant bankers order form)

Standing order (Please complete relevant standing order form)

Cash

SERIAL NUMBER



4. Beneficiary (continued)

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. Personal Details	
Title	Surname
First names	Maiden name
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Life Insured
<input type="checkbox"/> National identity document <input type="checkbox"/> Passport	Benefit %
Date of birth	Place of birth
Attach copy of Identification Document.	

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

5. Needs analysis Kindly complete the mandatory Financial Needs Analysis form

6. Declaration

<p>1. I warrant that the information in this application and in all documents submitted to Metropolitan Life Insurance Kenya Ltd (hereafter referred to as Metropolitan) in connection with it, whether in my handwriting or not, is true, correct and complete and will form the basis of the proposed contract.</p> <p>2. In order to facilitate the assessment of the risk, and for the consideration of any claim, I irrevocably authorise Metropolitan:</p> <p>(a) to obtain from any person, any information which Metropolitan deems necessary, and</p> <p>(b) to share with other insurers that information and any information contained in this proposal or in any related contract or other document, either directly or through a database operated by or for insurers as a group, at any time (even after my death) and in such detailed, abbreviated or coded form as may from time to time be decided by Metropolitan or by the operators of such database.</p> <p>I understand and accept that my right to privacy may be infringed to the extent permitted by me in this authorisation and I waive my right</p>	<p>3. I understand that I am entitled to cancel this application within 30 days of the date of the commencement date of the contract issued by Metropolitan. I agree that there will be a refund of all premiums paid.</p> <p>I understand that this right applies also to any application to increase the premium on an existing contract and that any refund refers to the difference between an old and new premium.</p> <p>4. Replacement of contract: I understand that it is not in my best interest to replace an existing contract with a new contract.</p> <p>Signature of policy owner</p> <p>Date</p> <p>(Please see checklist below)</p>
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7. Information to be completed by Intermediary

Intermediary: Name <input style="width: 90%;" type="text"/> Level code <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="K"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Signature Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> y y y y m m d d	Sales manager/Broker consultant: Name <input style="width: 90%;" type="text"/> Level code <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="K"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Signature Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> y y y y m m d d
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8. Agent Disclosure checklist

The contract owner has the right to the following information. Kindly confirm that this has been provided.

AGENT STATUS (indicate with a tick in the yes or no box)

1. Have you provided the following information to the contract owner:
 - a) Your full name and title?
 - b) Office details (physical and postal address)?
 - c) Telephone and email contact details?

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

ADVICE

2. a) Have you taken the circumstances of the contract owner into account to satisfy their financial needs?
 - b) Have you done a sufficient needs analysis?
3. Have you disclosed the following information to the contract owner:
 - a) Name and type of policy?
 - b) The premium?
 - c) Type, extent and limitations of benefits?
 - d) That commission is payable on this policy and answered any commission related questions?
 - e) The 30-day cooling off period?
 - f) Claims notification procedure?
 - g) Cancellation procedure and surrender?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

APPLICATION STAGE

4. Is the contract owner satisfied with the advice and disclosure that you have given?
5. Has the policyholder completed and signed the application form?
6. Have you, the agent signed the application form?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Signature of Policy Owner

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
y	y	y	y	m	m	d	d

Signature of Intermediary

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
y	y	y	y	m	m	d	d

FOR OFFICE USE ONLY

AUTHORISATION AND CHECK BY MANAGER

Accept Application which is:

- Complete
 Not able to be spot checked
 Spot checked

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
y	y	y	y	m	m	d	d

NEW BUSINESS

UNDERWRITER'S COMMENTS

