



FESTIVAL ADVANCE PLAN PROPOSAL FORM

1. LIFE ASSURED

SURNAME MAIDEN NAME.....

FORENAMES

TITLE (TICK) HON. [] PROF. [] DR [] REV. [] MR. [] MISS. [] MRS. []

MARITAL STATUS (TICK) MARRIED [] SINGLE [] WIDOWED [] DIVORCED [] SEPARATED []

DATE OF BIRTH PLACE OF BIRTH ANB

POSTAL ADDRESS.....

TEL NO (O) TEL NO (H)..... CELL NO.....

E-MAIL ADDRESS

HOME ADDRESS.....

ANNIVERSARY DATE.....

2. DESCRIPTION OF ASSURANCE

Sum Assured: K Premium:K..... Policy Term.....

Mode of Payment (Tick) Monthly [] Quarterly [] Half Yearly [] Yearly []

(Monthly Payment should be made through Standing Order Only) ESO [] BSO []

TYPE OF STANDING ORDER.....

Premium Increase at every policy anniversary (Optional) 5% []

3. OCCUPATION AND ACTIVITIES OF LIFE ASSURED

Occupation

Employer

Full description of duties.....

4. HEALTH OF LIFE ASSURED

Are you in good health?.....

If your answer is NO to the above question, please give details

.....

5. OTHER ASSURANCES

- 5.1 Do you already have a life policy with this company or any other company?
- 5.2 Has a proposal for life assurance ever been declined, postponed or withdrawn, by any company?
- 5.3 Is any other proposal pending on your life?
- 5.4 Is this proposal to replace any other proposal to this Company?
- 5.5 If the answer to any of the questions is yes, please give full particulars below, including policy number dates and **NAMES OF COMPANIES**

QUESTION No.	PARTICULARS
.....
.....

6. DECLARATION

- 7.1 I HEREBY DECLARE THAT THE STATEMENTS MADE IN THIS PROPOSAL AND IN ALL OTHER DOCUMENTS SUBMITTED TO NICO LIFE IN CONNECTION WITH IT, WHETHER IN MY HANDWRITING OR NOT, ARE TRUE, CORRECT AND COMPLETE AND FORM THE BASIS OF THE PROPOSED CONTRACT**
- 7.2. I agree that if a representative of the company completes the proposal form or other documents submitted in connection there-with he/she does so as my agent and not an agent for the Company.
- 7.3. I further agree that if anything contrary to the truth be stated or if any information which ought to be made known to the company with reference to the proposed assurance be withheld, or concealed, any policy which may be granted in pursuance of this Proposal shall be null and void.

Signed at **on**

.....
Signature of life assured

8.1 AGENT’S REPORT

Give below any special report on the assured and proposers’ (e.g.) source of income.

.....
.....

Name of Agent **Code**

Signature