



CREDIT LIFE ASSURANCE PROPOSAL FORM

ICEA LION Centre, Riverside Park, Chiromo Road, Westlands • P.O. Box 46143 - 00100, Nairobi, Kenya • Tel: 020 2750 000
• Tel: 0719 071000 • Fax: +254 (20) 2244 258 • Email: life@icealion.com • Website: www.icealion.com

To be completed by all borrowers.

1. THE LIFE TO BE ASSURED:

Name (in block letters)

Postal Address Cell phone No.

Tel No. (Office) Email Address

Occupation: (Be specific)

Employer: (If Applicable)

Date of birth Age Next Birthday

Passport/National ID Card No. Income PIN No.
(Attach copy)

2. Current Loan Borrowed KShs. Interest Rate

Date Disbursed Repayment Period

Monthly Repayment

DECLARATION BY THE LIFE TO BE ASSURED

I, declare that to the best of my knowledge and belief:

(a). I am in good health and free from disease or disability or symptoms thereof and I am not receiving any regular treatment and have not done so in the last 12 months and the assurance does not replace any other existing assurance with any life insurer. I understand that I may be required to submit to Medical Examinations.

(b). This policy has been effected by me voluntarily and is a condition for granting the loan by the Financier.

(c). That the foregoing answers are true and complete. I agree that the foregoing answers and this Declaration shall partly be the basis of contract between me and the ICEA LION LIFE ASSURANCE COMPANY LIMITED. I agree that if the above answers and declarations are not true, this assurance shall be null and void.

Signed at _____ this _____ day _____ 20 _____

Signature of the Life to be assured (Borrower) _____

OFFICIAL NAME & SIGNATURE:

Name _____ Signature _____

(Include rubber stamp from the Financier/Creditor)

***If joint life, complete a separate proposal form for the joint applicant.