



**APOLLO
LIFE**



LIFE COVER APPLICATION FORM

SECTION A – MAIN MEMBER

Full Names of Assured _____
 Date of Birth (dd/mm/yyyy) _____ Occupation _____
 Gender (Male/Female) M F P.O Box _____ Postal Code _____ Town _____
 Mobile Number (s) _____ Email Address _____

SECTION B – DEPENDANTS

(To be completed by the main member if applying for dependants cover.)

Full Name _____ Date of Birth _____ Relationship _____

Dependant 1:

Gender (Tick) (Male/Female) M F ID / Passport / Birth Certificate No. _____

Dependant 2:

Gender (Tick) (Male/Female) M F ID / Passport / Birth Certificate No. _____

Dependant 3:

Gender (Tick) (Male/Female) M F ID / Passport / Birth Certificate No. _____

Dependant 4:

Gender (Tick) (Male/Female) M F ID / Passport / Birth Certificate No. _____

Dependant 5:

Gender (Tick) (Male/Female) M F ID / Passport / Birth Certificate No. _____

BENEFITS & PREMIUMS (Tick chosen package)

1.Diaspora Return Ticket

Limits	Premium payable
<input type="checkbox"/> Kshs 50,000/=	<input type="checkbox"/> Kshs. 5,465 /= per annum
<input type="checkbox"/> Kshs 100,000/=	<input type="checkbox"/> Kshs. 7,273 /= per annum
<input type="checkbox"/> Kshs 200,000/=	<input type="checkbox"/> Kshs 9,683 /= per annum

2.Diaspora Funeral Expense:

Limits	Premium payable
<input type="checkbox"/> Kshs 500,000/=	<input type="checkbox"/> Kshs 12,596/= per annum
<input type="checkbox"/> Kshs 750,000/=	<input type="checkbox"/> Kshs 18,750/= per annum
<input type="checkbox"/> Kshs 1,000,000/=	<input type="checkbox"/> Kshs 25,000/= per annum

3.Diaspora Life:

Limits	Premium payable
<input type="checkbox"/> Kshs 1,200,000/=	<input type="checkbox"/> Kshs 8,000/= per annum

SECTION C– BENEFICIARY

Full Name _____ Date of Birth _____ Relationship _____
 P.O Box _____ Postal Code _____ Town _____
 Mobile Number (s) _____ Email Address _____
 ID/Passport Number: _____

SECTION D – TO BE COMPLETED BY ABC BANK

As _____ Brokers, We confirm that the information given in section 'A' and 'B' above is correct.

This Assured is to be included in the Scheme with effect from _____ (Scheduled Commencement Date)

Name of Authorised Officer

Date of signing

Signature & Stamp