

INSURANCE FINANCE INDIVIDUAL APPLICATION FORM

To be completed by the Agent/Broker in liaison with the customer

Please fill in the form in BLOCK letters appropriately. Please note that all fields are mandatory.

- 1 Client Name..... National ID No.....
 Occupation: Home Tel
 Cellphone No: Net Salary.....
 Business Tel: Years Employed.....
 Residential Address:
 Postal Address:
- 2 Employer:
 Physical Address:
 Postal Address:
- 3 Next of Kin
 Address

4 DETAILS OF INSURANCE POLICIES TO BE FINANCED (No Life Policies)

INSURANCE COMPANY	BRANCH	COMMENCEMENT DATE		PREMIUM		RISK COVERED
		FROM	TO	\$	C	
1.						
2.						
3.						
4.						
5.						
6.						
		TOTAL PREMIUMS				

5 TOTAL NUMBER OF PAYMENTS

*AMOUNT DUE IS REPAYABLE BY AN INITIAL INSTALMENT OF \$ AND MONTHLY INSTALMENTS OF \$.....

TOTAL PREMIUMS	\$		TOTAL AMOUNT DUE	\$	
FINANCE CHARGES	%	\$			

- 6 HOW LONG HAS CLIENT BEEN KNOWN TO THE BROKER?
- 7 WHAT WAS THE TOTAL PREMIUM PAID LAST YEAR? \$
- 8 CONTACT PERSON (AGENT/BROKER'S NAME)
- 9 CONTACT ON RELATIONSHIP WITH CLIENT
- 10 CLIENT'S BANK
- BRANCH:ACCOUNT NO:
- 11 DATE:
- 12 AGENT/BROKER'S SIGNATURE

BROKER'S NAME STAMP AND ADDRESS