**CREDIT LIFE INSURANCE PROPOSAL FORM**

**Proposer Details:**

1. **PROPOSER DETAILS**

**INSURED DETAILS (THE BORROWER)**

1. Name: …………………………………………………………………………………………………...
2. Date of Birth: ……………………………………………………………………………………………
3. Passport/ ID Number: …………………………………………………………………………………

**(Please attach copy of ID/Passport)**

1. Nationality: ……………………………………………………………………………………………..
2. Physical Address: …………………………………………………………………………………......
3. Telephone Number (s):. ………………………………………………………………....................
4. Email Address: …………………………………………….…………………………………..............
5. Trade / Occupation: ………………………………………………………………………………….
6. Physical address of Trade/ Occupation: …………………………………………………………
7. Source of income: …………………………………………………………………………………….

**COMPANY DETAILS (THE INSURED’S COMPANY)**

1. Registered name of the organization: …………………………………………………………….
2. Registration number of the organization: ………………………………………………………...

**(please attach copy of the registration certificate and TIN)**

1. Source of funds: ……………………………………………………………………………………….
2. Registered physical address of the organization:

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1. Name of the CD/ MD/ ED / CEO /Authorized representative: …………………………………………………….............................................................................
2. Date of Birth: ………………………………………………………………………………………….
3. Nationality: …………………………………………………………………………………………….
4. Passport/ ID number (please attach copy): ……………………………………………………
5. Telephone number(s)…………………………………………………………………………………
6. Email address(es): ……………………………………………………………………………………………………………
7. Names of shareholders

**(please attach their ID/ Passport copies)**

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1. Shareholding details

**(please attach copy of memorandum and articles of association)**

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**Risk Details:**

Nature of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Establishment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you the owner of the Business? (YES) (NO)

Is the registration status of the Business Active? (YES) (NO)

**Please attach copy of legal Documents including your Passport copy (ies)**

Which financial institution is giving the loan and interested in this Credit Life Proposal?

**Please give Details:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Approver Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of the Credit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Loan Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Loss History:**

1. Have you ever taken Credit Life in your own names before? (YES) (NO)
2. Has any insurance company ever: -
3. Declined your proposal? (YES) (NO)
4. Required an increased premium? (YES) (NO)
5. Imposed special terms or conditions? (YES) (NO)
6. Cancelled or refused to renew your policy? (YES) (NO)
7. Please give particulars of all accidents or losses in the last three years.

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**Commencement Date:**

From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration:**

I/We, the proposer (s), hereby make application to the Insurance Company for Credit Life Assurance Policy to be issued to me/us in accordance with the foregoing particulars and to take effect as from the date of commencement. We declare that the premium may be adjusted/appropriate underwriting action may be taken (e.g rejection of policy) based on the results of the medical exam.

We agree to furnish evidence satisfactory to the Insurance Company of age, medical history and examination as deemed necessary be included in the policy file and we further agree that the proposal and declaration together with the application for inclusion submitted for Credit Life shall form the basis of the contract between us and the **UAP Insurance South Sudan Ltd.**

Signed on this Day**\_\_\_\_\_**Month \_\_\_\_\_\_\_ 20 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stamp \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For official use only**

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_b) Agency Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_d) Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Premium Details:**

Sum assured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Basic Premium: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp Duty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_