

CORPORATE SAVINGS PLAN PROPOSAL FORM

Application No:

Ver. 07-2019

Please fill this form in ENGLISH and in BLOCK LETTERS.

“NOTE: An Insurance Agent who assists an applicant to complete this application / proposal for Insurance shall be deemed to have done so as the agent of the applicant in accordance with section 54 (2) Insurance Act 2003.

A. IDENTITY DETAILS

1. Name of Applicant (As appearing in supporting identification document)

Title/ Surname

Other name

Maiden Name

PHOTOGRAPH
Please affix
a recent passport
size photograph and
sign across it

2a. Gender Male Female

2b. Marital Status Single Married

2c. Date of Birth DD / MM / YYYY

3. Nationality Nigerian State of Origin: Non-Nigerian Please specify

4. Residential Status Resident Individual Non Resident Foreign National (Passport copy mandatory for NRIs and Foreign Nationals)

5. Proof of Identity to be provided by applicant

National ID Int'l. Passport Voter Card Driving License Date of Issue Date of Expiry

Identification No

6. Bank Verification Number (BVN)

B. ADDRESS DETAILS

1. Residential Address

2. Contact Details

Mobile (Home)

Email Address

3. Proof of address. Please submit ANY ONE of the following valid documents & tick () against the document attached.

Tenancy Agreement Registered Lease / Purchase Agreement of Residence Latest Bank Account Statement / Passbook

Latest Electricity Bill Latest Gas Bill/Latest Waste Bill *Not more than 3 months old. Latest Telephone Bill

4. Permanent Address of Resident Applicant if different from B1 above OR Overseas Address (Mandatory) for Non-Resident Applicant

City / Town / Village

State

Country

C. OTHER DETAILS

1. Gross Annual Income Details Below N1m N2-5m N6-10m N11-20m N20m- above

[OR]

Net-worth in as on (date) DD / MM / YYYY

(*Net worth should not be older than 1 year)

2. Occupation

Private Sector Service Public Sector Government Service Business Professional Agriculturist

Retired Housewife Student Forex Dealer Others (Please specify):

2b. Principal: 2c. Nature: 2d. How long employed:

3. Please tick if applicable: Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP).

4. Any other information:

5. Proposed Commencement Date DD / MM / YYYY

6a. Contribution: 6b. Risk Premium:

7. Source of Fund:

8. Duration of Plan:

9. Frequency of Payment: Monthly Half Yearly Yearly

10. Mode of Payment: Cheque Direct Debit

Note: AiICO Insurance Plc does not accept cash payments to any agent/staff of the company and accepts no liability for such. All payments shall be made through designated payment channels in favour of AiICO Insurance Plc.

11. Deposit Premium Made:

12. Employment Status: Employed Self Employed Others, Specify:

13. Business/Occupation:

14. Business Employer's Name:

15. Business Employer's Address:

REPAYMENT ACCOUNT DETAILS

16. Bank Name: Account Number:

D. NEXT OF KIN

1. Name: Occupation: Mobile No.:
Address: Relationship:

E. BENEFICIARY

Name	%Share	Relationship
1
2
3
4
5
6

F. NAMES OF REFERENCE

1. Name:
Occupation: Address:
..... Mobile No.:

2. Name:
Occupation: Address:
..... Mobile No.:

G. DECLARATION

I do hereby declare that I am at present in good health and all the foregoing answers are true. I have not concealed or withheld any information that could lead to my ineligibility for AIICO Corporate Savings Plan. I agree that this and all statements that I have made or shall make to the Company in connection with this proposal shall be the basis of this contract. I agree that no cash payment shall be made by me in respect of premiums and other transactions on this policy and that all payments shall be made in the name of AIICO Insurance Plc.

I irrevocably authorize and request any person (including but not limited to medical doctors) who may be in possession of, or hereafter acquire, any information to disclose such information to the company, and I agree that this authority and request shall remain in force after the expiration of my policy as well as prior thereto. I hereby authorize sharing of the information furnished on this form with any registered KYC Registration Agencies.

That in compliance with relevant laws, I have considered all data request made by AIICO with respect to my personal data and hereby concede to (without any element of fraud, coercion, or undue influence) the release of all vital information. I acknowledge to have accepted all terms and conditions by reason of my sign-off and a waiver of my right of refusal shall be determined upon execution of all relevant documents on this transaction. I further affirm that in line with relevant laws, I have been duly informed about my right of withdrawal of consent in relation to personal data /information which shall not be unreasonably withheld.

Place: Date:

The liability of the company shall not commence until this application is accepted, the premium is paid in accordance with Section 50(1) of Insurance Act 2003, and policy document duly issued.

SIGNATURE OF APPLICANT

Empty box for the signature of the applicant.

FOR OFFICE USE ONLY

AMC.Intermediary name OR code

- (Originals Verified) Self Certified Document copies received
- (Attested) True copies of documents received

Agency Manager's Signature
Name:
Code:
.....
Documents Attestation

IPV Done on DD / MM / YYYY

Agent's Signature
Name:
Code:
.....
In Person Verification

