AIICO Plaza

16.

Bank Name:

♠ Plot PC 12, Churchgate Street, Victoria Island, P.O. Box 2577, Lagos, Nigeria © 0700 AIIContact (0700 2442 6682 28)

www.aiicoplc.com

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Application No:

LIFE ASSURANCE PROPOSAL FORM

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 Name of Applicant (As appearing in supporting identification document) Title/ Surname PHOTOGRAPH Other name Please affix Maiden Name a recent passport size photograph and 2a. Gender Male Female sign across it ☐ Single ☐ Married 2b. Marital Status 2c. Date of Birth DD/MM/YYYY Non-Nigerian Please specify State of Origin: 3. Nationality Nigerian 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 ☐ Int'l. Passport ☐ Voter Card ☐ Driving License Date of Issue Date of Expiry National ID Identification No 6. Bank Verification Number (BVN) **B. ADDRESS DETAILS Residential Address Contact Details** Mobile (Home) Mobile (Home) **Email Address** 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 Gas Bill/Latest Waste Bill *Not more than 3 months old. ☐ Latest Telephone Bill □ Latest Electricity Bill Permanent Address of Resident Applicant if different from B1 above OR Overseas Address (Mandatory) for Non-Resident Applicant Postal Code City / Town / Village Country State Gross Annual Income Details
Below N1m
N2-5m
N6-10m
N11-20m
N20m- above [OR] Net-worth inas on (date) Occupation ☐ Public Sector ☐ Private Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist Others (Please specify): ☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer 2b. Principal: ______2c. Nature: _____2d. How long employed: _____ Please tick if applicable: ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP). Any other information: Proposed Commencement Date DD /MM /YYYY Sum Assured: Waiver of Premium (WP) Accidental Death and Dismemberment (AX) 7. Source of Fund: **Duration of Plan** ☐ 6 Years ☐ 9 Years ☐ 12 Years ☐ 15 Years Frequency of Payment: ☐ Monthly ☐ Half Yearly ☐ Yearly 10. Mode of Payment: ☐ Cheque ☐ Direct Debit Note: AllCO Insurance PIc 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 AlICO Insurance Plc. Deposit Premium Made: 11. Employment Status:

Employed

Others, Specify: 12. 13. Business/Occupation: Business Employer's Name: 14. Business Employer's Address: 15.

Account Number: Type:

D. OTHERS DETAILS		
Has any application for any reinstatement of L Yes No	ife, Accident or Health Insurance ever been declined, postpone	d, rated or in any way modified?
If Yes, state details:		
2a. What life insurance is now in force on your life	?	
2b. Year issued:		
2c. Company:		
2d Amount:		
3a. Present State of health:		
3b. Any deformity: ☐ Yes ☐ No		
3c. Height: Weight:		
4. Have you in the last 5 years:		
4a. Been ill? ☐ Yes ☐ No		
4b. Consulted a physician? Yes No		
4c. Been under observation for any medical condi	tion? Yes No	
-		
E. NEXT OF KIN		
1. Name:	Occupation:	Mobile No.:
Address:	Relation	onship
F. BENEFICIAR Y		
Name	%Share Relationship	
1		
2		
3		
4		
5		
6		
G. NAMES OF REFERENCE		
1. Name:		
Occupation: Address	S	
	Mobile No.:	
0 No		
	8	
•	Mobile No.:	
	Mobile No.	
I. DECLARATION		SIGNATURE OF APPLICANT
I		
hereafter acquire, any information to disclose such info	g but not limited to medical doctors) who may be in possession of, or rmation to the company, and I agree that this authority and request sl ation furnished on this form with any registered KYC Registration Age	nall remain in force after the expiration of my policy as well encies.
coercion, or undue influence) the release of all vital info	red all data request made by AIICO with respect to my personal da ormation. I acknowledge to have accepted all terms and conditions b ments on this transaction. I further affirm that in line with relevant law in shall not be unreasonably withheld.	y reason of my sign-off and a waiver of my right of refusal
Place:	Date:	
The liability of the company shall not comr 50(1) of Insurance Act 2003, and policy doc	nence until this application is accepted, the premium ument duly issued.	is paid in accordance with Section
FOR OF	FICE USE ONLY	IPV Done on on pp/MM / yyy
AMC.Intermediary name OR code	Seal/Stamp of the intermediary should contain	Seal/Stamp of the intermediary should conta
	Staff name Designation	Staff name Designation
(Originals Verified) Self Certified Document copies received		_
<u></u>	Name of the Organization	Name of the Organization
(Attested) True copies of documents received	Name of the Organization Signature Date	Name of the Organization Signature



