MEMBER APPLICATION FORM

Answer all questions in **BLOCK** letters or tick as appropriate.

A. PERSONAL DETAILS

Name of Scheme: _____

Employee Details

Name: _____

Passport/ ID No. (Attach a copy): _____

Date of Birth: _____ (DD/MM/YYYY) Gender: ☐ Male ☐ Female

Postal Address: _____ Postal Code: _____ Town: _____

Email Address: _____ Mobile Number: _____

KRA PIN No.: _____ (Attach a copy)

B. EMPLOYMENT DETAILS

Date of Employment: _____ (DD/MM/YYYY)

Date of Admission to Scheme: _____ (DD/MM/YYYY)

Occupation: _____

Monthly Salary (KES): _____

C. DEPENDENTS DETAILS (ALL FIELDS MUST BE COMPLETED)

No.	Dependent	Name of the Dependent	ID No./ Birth Certificate No.	Date of Birth
1	Spouse			
2	Child 1			
3	Child 2			
4	Child 3			
5	Child 4			
6	Child 5			
7	Mother			
8	Father			
9	Mother-in-Law			
10	Father-in-Law			

Cannon Life Assurance (K) Limited

t +254 (20) 3966000, +254 (0) 724259847 | **e** info@cannon.co.ke
a Gateway Park, Block D, Mombasa Road, P.O. Box 46783-00100 Nairobi, Kenya
www.cannon.co.ke

Regulated by the Insurance Regulatory Authority

D. BENEFICIARY DETAILS

I hereby wish to nominate the following as beneficiaries under the above-mentioned policy:

No.	Name of the Beneficiary	ID No./ Birth Certificate No.	Date of Birth	Relation to Member	Percentage of Benefit
1					
2					
3					
4					
5					
6					
7					

E. DECLARATION

I/We hereby declare that the above particulars are to the best of my knowledge and belief a true statement of the particulars provided in this application form and this declaration shall be the basis of the contract between Cannon Life Assurance (K) Ltd and myself.

Date of Proposal: _____ (DD/MM/YYYY)

Employee's Signature: _____

Employer's Stamp

Click to Submit

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