

MEMBER APPLICATION FORM

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

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:		KRA PIN No. (attach copy):		Mobile No:	

Employment Details

Date of Employment (ddmmyyyy): ____/____/____ Date of Admission to scheme: ____/____/____

Occupation: _____

Monthly Salary (Kshs): _____

Dependents Details (All field must be completed)

No	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	Mother		
7	Father		
8	Mother-In-Law		
9	Father-In-Law		

Cannon Life Assurance (K) Limited

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 www.cannon.co.ke

Regulated by the Insurance Regulatory Authority



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					

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: _____

Employers Stamp: _____