



SIC LIFE COMPANY LIMITED

No. 33-34 Kwame Nkrumah Avenue, Island Property Building, Accra
 P. O. Box-CT 3242, Cantonments, Accra Tel: (+233-30) 2672356, 2662286, 2678130, 2663431, 2662317
 Toll free No:080010007, 080010008 Fax: (233-30) 2671072, 2678125 E-mail: info@siclife-gh.com Website: www.siclife-gh.com

APPLICATION FOR LIFE ASSURANCE
 (UNIVERSAL PROPOSAL FORM)

| HEAD OFFICE USE ONLY | |
|-------------------------|--|
| DATE OF ISSUE: | |
| POLICY NUMBER: | |

| HEAD OFFICE USE ONLY | |
|-----------------------|--|
| RECEIPT NUMBER: | |
| DATE: | |
| APPROVED BY: | |

| | | | | | |
|--|------------------------------|--|--|----------------|-----------|
| 1. Full Name of Proposed Assured: <i>First Middle Surname</i> | | | 5. Employer's Name: | | |
| 2. Permanent Address: | | 3. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | 6. Occupation: | |
| | | 4. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced | | 7. Height: | 8. Weight |
| 9. Date of Birth: | 10. Age Next Birthday: | | 11. Place of Birth | | |
| 12. Mailing Address: | | Phone No. (s) | 13. Plan of Assurance: <input type="checkbox"/> Family Security Plan <input type="checkbox"/> Flexi-Child Education <input type="checkbox"/> Education | | |
| 14. E-mail Address | | | | | |
| 15. Initial Life Cover GH¢ | 16. Amount of Premium GH¢ | | 17. How Payable <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually | | |

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|--|--|--------------------|--|------------------------------|--|
| 18. Full Name (s) of Beneficiary (ies) | | Relationship & Age | | Address of Beneficiary (ies) | |
| | | | | | |

19. Have you been hospitalized at any time during the last six months? YES / NO
20. What is your average daily consumption of alcohol?
21. How much cigarette / tobacco do you smoke daily?

22. Do you currently have or have ever had: YES / NO
- a) Any Chest Pains, Blood Pressure or Heart Disorder?
- b) Any disorder of the kidney, Liver, Urinary Tract or Respiratory, Nervous, Digestive or Reproductive System?
- c) Cancer, Tumour, Diabetes, Ulcer, Epilepsy, Emotional or Mental Disorder?

23. Have you been diagnosed or treated for an immune deficiency disorder, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or any Sexually Transmitted Disease? YES / NO

24. Have you received any medical or surgical advice or treatment for any ailment, injury or sickness during the past 5 years other than those listed above? YES / NO

25. Are you currently taking any medication? YES / NO
 If 'YES' give type of medication and dosage
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26. GIVE DETAILS OF 'YES' ANSWERS TO ABOVE QUESTIONS.....

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27. Do you have any life assurance policy? If so, list names of companies and amount.....

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I REPRESENT that all statements and answers made above or attached to this application are true and complete to the best of my Knowledge and belief, and that I have not withheld any material fact. I AGREE that this application shall be the basis and form part of this contract. I UNDERSTAND that the policy shall not be in effect until the effective date specified in the contract and when all of the following conditions are met:-

- a) This application is approved by the SIC Life Company Limited;
- b) The first premium is paid;
- c) The policy has been issued to and received by me, and I am in good health; and
- d) The statements and answers made above or attached hereto continue to be true and complete.

I also confirm that I have checked and found correct any statement that is not in my handwriting.

Dated this..... Day of..... 20.....

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 Name of Authorized Agent and Number Signature of Proposer