



Uganda House 4th Floor Kenyatta Avenue
P.O. Box 57180-00200, Nairobi
Cell: +254720674984 & +254726001122;
Land line +254(20)7602122
E-mail: info@dovenestinsurance.com
www.dovenestinsurance.com

Last Expense Plan Membership Application Form

Individual/Group Last Expense Application Form

Client information (Where you input date please use the select drop down button)

| | | | |
|------------------|----------|------------------------|-------------|
| Group Name | | Group's contact person | |
| Tel | | Position | |
| Principal Member | | Occupation | |
| Date of birth | | ID No | |
| KRA PIN | | E-mail | |
| Mobile No | | P.O. BOX | Postal Code |
| Gender | M F | Town | |
| Cover Period | From | To | Anniversary |

MANDATORY DOCUMENTS

Principal member's copy of ID and KRA PIN, spouse's copy of ID, copies of children's birth certificates/ notifications and parents' National IDs/Passports.
Admissible identification documents: National ID (ID), Passport (PP), Birth Certificate (BC) or Birth Notification (BN) if less than 2 years. Eligible members include: 1 principal member; 1 Spouse; 4 children: 2 Parents; 2 Parents in-law as per package.

All information given Must be as per the Identification document used whose copy will be required at claim stage

| No | Full Names | Relationship | Date of Birth (dd/mm/yyyy) | Age | ID No./ Passport No. | Doc. Used | Mobile Phone No.(Adults) |
|----|------------|---------------|----------------------------|-----|----------------------|-----------|--------------------------|
| 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 | | | | | |

Additional members: Must be immediate family members below 24 years and financially dependent on the Principal member or the named spouse

| No | Full Names | Relationship | Date of Birth (dd/mm/yyyy) | Age | ID No./ Passport No. | Doc. Used | Mobile Phone No.(Adults) |
|----|------------|--------------|----------------------------|-----|----------------------|-----------|--------------------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

SELECTION (see overleaf and tick appropriately)

- Option 1** (50, 000)
 Option 3 (150, 000)
 Option 5 (300, 000)
 Option 7 (500, 000)
Option 2 (100, 000)
 Option 4 (200, 000)
 Option 6 (400, 000)

| |
|---------------------|
| UNDERWRITERS |
|---------------------|

DECLARATION: I/We confirm that I/we have read and understood the cover details. I/we warrant that the above statements are true and that I/we have not withheld, distorted or concealed any information for the proposed insurance. I/we also confirm that I/we understood that any falsification made in this application is criminal which will render any claim arising out of this application be declined and legal action taken against myself/ourselves.

PRINT AND SIGN

Principal Member Sign Date

OFFICIAL USE ONLY: APPLICATION RECEIVED AND CONFIRMED BY

Officer's name Name Sign