

STANDARD ALLIANCE LIFE ASSURANCE LTD

RC. 356258

APPLICATION FORM FOR CREDIT LIFE ASSURANCE SCHEME

I hereby subscribe as follows:

Life Assured's Name: _____

Company's Name: _____

Address: _____

Occupation _____ GSM Phone _____

Date of Birth: _____ Sex: _____ Marital status _____

Amount of Loan _____ Duration _____

Commencement Date: _____ Premium Due _____

Single Premium _____ Annual Premium _____

Medical History

Address of your Hospital _____

How long have you been attending the Hospital _____

What is your present health status _____

Weight _____ Height _____ Do you Smoke _____ Or Drink _____

Have you experience the following: Heart diseases _____ Diabetes _____

Tuberculosis _____ Epilepsy _____ Obesity _____ Paralysis _____

Any other, please state

Beneficiary (s): _____

Declaration: I hereby declare that the statements above are true to the best of my knowledge and belief. The company has my permission to obtain medical information from any doctor who has attended to me or Insurance Company to which I have proposed. I agree that this declaration and any other statements shall be the basis of the contract about to be concluded.

Witness Signature/Date

Signature of Life to be Assured/Date

Plot 285B Ajose Adeogun Street,

No. 3, Warri Street, Off Tafawa Balewa Way

Victoria Island, Lagos

Area 11, Garki - Abuja

01-4617678-9, 4610511

09-8705655,0803-314-5911