



**APPLICATION FOR ADMISSION**  
**DIASPORA LIFE COVER**



Liberty Life Assurance Kenya Limited  
P.O Box 30364-00100,Nairobi ,Kenya  
t: 254 711 028 000 f: 254-20-271 8365  
c +254 711 028 000 & 20120  
www.libertykenya.co.ke e csc@libertylife.co.ke

**PERSONAL DETAILS**

Applicant first name

Surname

Title  Gender  M  F Marital status

Date of birth  D  D -  M  M -  C  C  Y  Y Passport/Identity number (attach copy)

Country of Residence  PIN number

Residential address

Postal address  Postal/Zip code  Town

Email address  Mobile

**BENEFIT OPTION (tick as appropriate)**

	Option 1 <input type="checkbox"/>	Option 2 <input type="checkbox"/>	Option 3 <input type="checkbox"/>
<b>Benefits</b>	<b>Platinum</b>	<b>Gold</b>	<b>Silver</b>
	Kshs.	Kshs.	Kshs.
Life Benefit	1,200,000	900,000	600,000
Funeral Benefit	1,000,000	750,000	550,000
Ticket Benefit	100,000	75,000	55,000
<b>Annual Premium</b>	<b>40,101</b>	<b>30,217</b>	<b>20,526</b>

**Parents/Parents-in-law**

	Number	Unit rate	Cover Limit Kshs.	Premium
Parents		0.058		
Parents-in-law		0.058		
<b>Annual Premium</b>				

Total Annual Premium

**SPOUSE DETAILS**

First name

Surname

Title  Gender  M  F

Date of birth  D  D -  M  M -  C  C  Y  Y Identity number (attach copy)

**DEPENDANTS DETAILS**

Children (attach copies of birth certificates)

	Surname	First name	Gender	Birth Certificate Number	Date of birth
1					
2					
3					
4					
5					

Parent and Parents-in-law (attach copies of national identity)

	Surname	First name	Gender	Date of birth
1				
2				
3				
4				

I do hereby authorize Liberty Life Assurance Kenya Limited in the event of my death, to pay benefits under this policy to

**BENEFICIARY**

	Name	Surname	Relationship	ID/Passport No.	Telephone number	Address
1						

**DECLARATION**

I hereby declare that the statements and particulars are true and complete and I have not withheld any material information, and I agree that these and any other statements in writing made by myself or anyone acting on my behalf shall form the basis of the contract for which this Proposal Form is completed. I agree to give notice to Liberty Life Assurance Kenya Limited of any material change in the particulars mentioned above.

I also confirm that the benefits, terms and conditions of this Policy have been explained to me.

Signature

Date  D  D -  M  M -  C  C  Y  Y