



# CREDIT LIFE ASSURANCE PROPOSAL FORM

ICEA LION Centre, Riverside Park, Chiromo Road, Westlands • P.O. Box 46143 - 00100, Nairobi, Kenya • Tel: 020 2750 000  
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To be completed by all borrowers for loan amounts above the Free Cover Limit.

**1. THE LIFE TO BE ASSURED:**

Name (in block letters)

Postal Address  Tel No. (Residence)

Tel No. (Office)  Email Address

Occupation: (Be specific)

Employer: (If Applicable)

Station/Branch/Unit  Staff Number

Place of birth  Date of birth

Marital status  Age Next Birthday

ID Card No.  Next of Kin

2. a. Are you, in all respects, in good health?

b. When and why did you last consult a Doctor?

3. Current Loan Borrowed KShs.

Purpose of Loan

Date Disbursed  Expiry Date

Repayment Period  Interest Rate

**DECLARATION BY THE LIFE TO BE ASSURED**

I, the person by whom the assurance is to be effected, declare that the foregoing answers are true and complete. I agree that the foregoing answers and this Declaration shall partly be the basis of contract between me and the **ICEA LION LIFE ASSURANCE COMPANY LIMITED.**

Signed at \_\_\_\_\_ this \_\_\_\_\_ day \_\_\_\_\_ 20 \_\_\_\_\_

Signature of the Life to be assured (Borrower) \_\_\_\_\_

**OFFICIALS NAME & SIGNATURE:**

Name \_\_\_\_\_ Name \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

(Include rubber stamp from the Creditor)

**\*\* Please attach a copy of the borrower's identity card.**