

New
 Existing

A. IDENTITY DETAILS Please fill in using block letters

Name of Insured

Postal Address

Physical Address

City/Town/Village

Tel. No. National ID

Mobile No. Passport / Driving License

Fax No. Other

Email

Contact Person

Contact Cell

Source of Business Direct Broker Other

Fill this section if you are an individual

B. INDIVIDUAL DETAILS

Title Mr. Mrs. Miss Other

Marital Status Single Married Other Gender (M/F) Date of Birth

Nationality Malawian Other

Status Resident Non Resident

Occupation Employed Entrepreneur Other

Fill the corresponding number only to your profession

Profession

| | | | | |
|----------------|--------------|--------------|----------------|----------------------------|
| 01. Consultant | 04. Finance | 07. Medical | 10. Technical | 13. Politician |
| 02. Educator | 05. Lawyer | 08. Miner | 11. Technology | 14. Civil Servant |
| 03. Farmer | 06. Marketer | 09. Retailer | 12. Tourism | Other <input type="text"/> |

Earnings Per Month 0 - 500,000 500,001 - 1,000,000 1,000,001 - 1,500,000 1,500,001 - 3,000,000 Above 3,000,000

Source of Income

Bankers Account No.

For corporate clients, please complete this section

C. CORPORATE DETAILS

Date of Incorporation Registration No. TPin

Fill the corresponding number only for your organisation type

Type
01. Private Company Ltd 03. Corporate Body 05. Society 07. Trust / Charity / NGO
02. Public Company 04. Partnership 06. Govt Institution Other

Bankers Account No.

Estimated Annual Turnover

Fill the corresponding number only to your Industry

Industry
01. Agriculture 04. Engineering 07. Legal 10. Technology Other
02. Construction 05. Financial 08. Mining 11. Tourism
03. Education 06. Health Care 09. Retail 12. Transportation

Name - Authorised Signatory Position

Directors 1 3
2 4

I/We hereby declare that the above particulars and statements are true, correct and complete and contain all information known to me/us affecting for the purposes of the proposed insurance shall be the basis of and incorporated in the contract between me/us and the above mentioned insurer (Britam Insurance Company (Malawi) Limited)

Signature Date

D. FOR OFFICIAL USE ONLY

All original documents received and verified

Official Name Signature: Date