

Serial No:

APPLICATION FORM FOR CANNON FAMILY FUNERAL POLICY

Answer all questions in **BLOCK** letters or tick as appropriate.

PROPOSER DETAILS

Surname: _____ Other Names: _____ Date of Birth: _____

Pin No.: _____ Marital Status: Married Single Widowed Other

ID Number: _____ Cell Number: _____ Email Address: _____

STEP 3: SPOUSE DETAILS

Surname: _____ Other Names: _____ Date of Birth: _____

ID Number: _____ Cell Number: _____

DEPENDANT'S DETAILS – CHILDREN, PARENTS & PARENTS IN LAW, OTHERS

NO.	First Name	Other Names	Relationship	Date of Birth	ID/Birth Certificate No.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

BENEFICIARY – (PERSON TO BE CONTACTED IN THE EVENT OF PRINCIPAL DEATH)

I hereby wish to nominate the following as beneficiaries under the above-mentioned product in the event of my demise.

NO.	Name of the Nominee	Relationship	ID/Passport No.	Cell No.	Date of Birth	Pin No.	Share (s)%
1							
2							
3							

BENEFIT PLAN –(KES)

Participants	Sum Assured	Premium
Principal Member		
Spouse (Max 1)		
Children (Max 4)		
Parents (Max 2)		
Parents In Law (Max 2)		
Extra Child(ren)		

Cannon Life Assurance (K) Limited

† +254 (20) 3966000, +254 (0) 724259847 | e info@cannon.co.ke

α Gateway Park, Block D, Mombasa Road, P.O. Box 46783-00100 Nairobi, Kenya



FREQUENCY OF PREMIUM PAYMENTAnnually **PAYMENT METHOD**Cash/Cheque: **Mpesa Payment Details**

Paybill No: 808900	A/C No.: Principal Member Full Names	Amount Paid:	Ref No.
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DECLARATION

I _____ declare to the best of my knowledge and belief that the particulars given above are true and correct. I understand and agree that any willful misrepresentation in this application will invalidate any benefit under this Policy and that I undertake to abide by the terms and conditions of the Policy.

Principal Member's Signature: _____ Date: _____