

# ZENITH LIFE ASSURANCE COMPANY LIMITED

Plot 101, Ajose Adeogun Street, Pobox 75315, Victoria – Island, Lagos

Tel: +234-1-270-1004 – 5; 461-3704; 461-3705(fax)

## PERSONAL DETAILS

1. Surname : Chief/Dr/Engr/Mr/Mrs/Miss.....
2. Other Names : .....
3. Marital Status : Single..... Married..... Divorced..... Separated..... Widowed.....
4. Sex : .....Maiden Name: .....
5. Address Residential : .....
6. Address Postal : .....
7. Telephone office..... mobile.....  
home..... e-mail.....
8. Place of Birth :..... Date of Birth :...../...../19.....
9. Height :.....ft.....inch. Weight :.....k.g.

## DETAILS OF ASSURANCE

1. Type of Assurance :.....
2. Commencement :01/...../20..... Duration :.....years
3. Sum Assured :=N=.....Premium :=N=.....
4. Frequency of Payment :Yrly.....H/Yrly.....Mthly.....Qtly.....
5. Mode of Payment :Cash.....Cheque.....B/Draft.....D/Debit.....
6. Additional Benefit : ADB.....WOP.....PAB.....

## OTHER ASSURANCES

1. Name of Company :.....
2. Type of Assurance :.....
3. Sum Assured :=N=.....Premium :=N=.....
4. Frequency of Payment :Yrly.....H/Yrly.....Mthly.....Qtly.....
5. Mode of Payment :Cash.....Cheque.....B/Draft.....D/Debit.....
6. Was proposal once made on your life to (company).....  
accepted on Special Terms..... Post-poned..... Declined.....None.....?

## MEDICAL RECORD

1. Name of Hospital :.....
2. Name of Doctor :Dr..... Date Last Attended:...../...../.....
3. Reason :Check up.....Treatment.....Operation.....

## OCCUPATIONAL DETAILS

1. Name of Employer :.....
2. Nature of Occupation :.....  
If self-employed, nature of activities:.....

## TRAVEL DETAILS

1. Do you travel in non-scheduled private flight? :Yes.....No.....
2. How often do you travel? :Within the country :.....Abroad.....

**BENEFICIARY DETAILS**

	<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Address</u>
Primary				
	mobile no.		e-mail	
Contingent				
	mobile no.		e-mail	

**WITNESS DETAILS**

1. Surname (state title) : .....
2. Other Names : .....
3. Address Office : .....
4. Telephone office..... mobile.....  
home..... e-mail.....

**DECLARATION** :I,.....  
 declare and warrant that the above information in this application, and in all documents submitted to **Zenith Life Assurance Company Limited** in connection with this application, whether in own handwriting or not, is true, correct and complete and will form the basis of the proposed contract.

I agree that if any material information concerning the risk on the life/lives insured has not been fully disclosed, or if I have given any untrue, incorrect or incomplete answer, **Zenith Life Assurance Company Limited** reserves the right to cancel my cover and I shall forfeit all premiums paid. I irrevocably authorize and request any doctor or other person who may at any time has attended to me and/or be in possession of, or hereafter acquire any information concerning my health and/or information from any insurance company to disclose such information to **Zenith Life Assurance Limited**.

**Applicant**

Sign. :..... Date: ...../...../20.....

**Witness**

Name :.....

Sign. :..... Date: ...../...../20.....

**Relationship Manager**

Name :.....

Sign. :..... Date: ...../...../20.....

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**OFFICIAL USE ONLY**

Unit/Agency :..... No.: ..... Branch:.....

Sign. :..... Date: ...../...../20.....

Remarks :.....