GROUP CREDIT CARD INSURANCE INDIVIDUAL PROPOSAL FORM

PERSONAL DETAILS

Name: First name Middle name Surname

Mobile number (1): Mobile number (2):

Email address (1): Email address (2):

Credit card number: Commencement date of card: (dd/mm/yyyy)

Card limit: Card expiry date: (mm/yyyy)

CARD INSURANCE

Credit Card

Select card type: Classic Gold Platinum Signature Infinite

Tick	Benefits Schedule	Rate Per Month	Customer Signature
	Death; Disability; Fraudulent Use; Retrenchment, if applicable	____% of total card limit	

BENEFICIARY DETAILS

I, First name Middle name Surname

hereby nominate the following persons to be my beneficiary(ies) in connection with all benefits accruing on my death in accordance with the terms and conditions of the Credit Life Policy relating to my credit card(s).

No.	Name of Beneficiary	Relationship	ID number	Mobile number	Email Address	Proportion
1.						
2.						
3.						
4.						

I understand that if any of the beneficiary(ies) nominated above is under the age of 18 years at the time of my death, any benefits becoming payable to such beneficiary may be paid to a Public Trustee to be held in Trust for such beneficiary and may distributed as the Public Trustee shall deem fit.

NOTE: For a nominated beneficiary who is below the age of 18 years, kindly attach a copy of their birth certificate and copies of National IDs or Passport for those above 18 years. A copy of marriage certificate, if available, should also be attached.

If more than one person is nominated and a sharing proportion is not indicated, any benefits accruing will be divided amongst the persons nominated in equal shares.

DECLARATION

I/We, First name Middle name Surname declare that to the best of my knowledge and belief, I am in good health and free from disease or symptoms thereof and this request for insurance has been effected by me voluntarily. I declare that the information provided is true and correct. I am fully aware that my insurance cover may be cancelled and any claims payable declined in the event that any of the declared information is established to be false. I/We agree to be bound by the terms and conditions of the facility applied for as per the agreement between I/We the borrower, the Insurers and the Bank as well as the General Terms and Conditions of the Bank. I/We understand that NCBA reserves the right to decline this application without giving reasons. I acknowledge that I am aware that the Bank's officers, consultants and/or agents may earn a commission/fee from the insurer for the provision of insurance services.

I understand that I have a choice of using an insurance provider of my own choice provided the preferred Insurance Company assigns the cover to NCBA. However, NCBA Limited reserves the right to decline my choice on reasonable grounds.

I/We warrant the above statements and particulars are true. (This application form is deemed to form part of the Proposal Fom forming part of the Master Policy issued by the Insurance Company to NCBA)

Signature: Date: (dd/mm/yyyy)