

LIFE POLICY



BANKER'S ORDER FOR LIFE POLICIES

**The Jubilee Insurance Company of Kenya Limited
Head Office:**

Jubilee Insurance House, Wabera Street,
P.O. Box 30376 - 00100 GPO, Nairobi, Kenya
Email: jic@jubileekenya.com

Mombasa:

Jubilee Insurance Building, Moi Avenue,
P.O. Box 90220 - 80100, Mombasa, Kenya
Email: mombasa@jubileekenya.com

Kisumu:

Jubilee Insurance House, Oginga Odinga Road,
P.O. Box 378 - 40100, Kisumu, Kenya
Email: kisumu@jubileekenya.com

*DIRECTIONS:
Please read carefully and fill out the entire form.
1. This form must be completely and legibly filled out in BLOCK
letters in order for us to process your claim.
This form will remain strictly confidential.*

To the Manager,
_____ Bank Limited

I hereby authorise you to pay to Chase Bank Limited, City Branch, P. O. Box 607-00621, City Square, Nairobi, for the credit of The Jubilee Insurance Company of Kenya Limited of P. O. Box 30376 - 00100 GPO, Account No. 104126081 in the sum of KShs. _____ (amount in words _____) on the _____ day of each month / quarter / half year / year (tick as appropriate)

In each year until this order is countermanded, for the renewal of:
Life Policy/Proposal No. * _____
On the life of _____ and to charge the same to my account.
The first payment under this order falls due on _____ day of _____ 20 _____

Account No. _____



Address _____
Address _____
Address _____
Email address _____
Telephone _____

Signature

Date

* Note for Bankers: Kindly quote Policy/Proposal No. and name when making a payment. The Company's Bankers are unable to deal with a payment without this information.