

LIFE POLICY

MEMBER APPLICATION FORM - LAST EXPENSE SCHEME
OCTAGON INSURANCE BROKERS

Jubilee

INSURANCE

Head Office:

Jubilee Insurance House, Wabera Street,
P.O. Box 30376 - 00100 GPO, Nairobi, Kenya
Tel: +254 020 328 1000
Fax: +254 020 328 1150
Email: jic@jubileekenya.com

Mombasa Office:

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P.O. Box 90220 - 80100, Mombasa, Kenya
Tel: +254 020 222 4286 / 231 4019 / 231 6760
Fax: +254 020 231 6796
Email: mombasa@jubileekenya.com

Kisumu Office:

Jubilee Insurance House, Oginga Odinga Road,
P.O. Box 378 - 40100, Kisumu, Kenya
Tel: +254 020 202 0836 / 202 0845
Fax: +254 020 202 0532
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 application.
2. Date and sign the form.
3. Incomplete forms will delay processing of the application.

MEMBER DETAILS

First Name: Middle Name: Surname:
Date of Birth: ID Number: (Attach copy)
Postal Address: Postal code: Town:
Cell Phone: Email:

LAST EXPENSE BENEFIT

Sum Assured: Kshs.

BENEFICIARIES

Name	<input type="text"/>	Relationship	<input type="text"/>
ID Number	<input type="text"/> (Attach copy)	Percentage:	<input type="text"/>
Name	<input type="text"/>	Relationship	<input type="text"/>
ID Number	<input type="text"/> (Attach copy)	Percentage:	<input type="text"/>
Name	<input type="text"/>	Relationship.	<input type="text"/>
ID Number	<input type="text"/> (Attach copy)	Percentage:	<input type="text"/>