



Ground Flr, Geminia Insurance Plaza, Kilimanjaro Avenue

P.O.Box 61316 City Square, Nairobi 00200 Kenya

Telephone: 2782000/2782500, Fax: 2782100

Mobile: 0723 057 249/0734 230 860

Email: [life@geminia.co.ke](mailto:life@geminia.co.ke)

[info@geminia.co.ke](mailto:info@geminia.co.ke)

## MORTGAGE PROTECTION ASSURANCE APPLICATION FORM

APPLICATION FOR ADMISSION TO MEMBERSHIP OF THE

\_\_\_\_\_ SCHEME

(Hereafter referred to in this form as "The scheme")

**SECTION 1 – Customer Details**

Full Names \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
ID/Passport No.(attach copy) \_\_\_\_\_  
Occupation \_\_\_\_\_  
Sex \_\_\_\_\_  
Postal Address \_\_\_\_\_  
Postal Code \_\_\_\_\_  
Town \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Marital Status \_\_\_\_\_  
Spouse Name \_\_\_\_\_  
Spouse Date of Birth \_\_\_\_\_

**SECTION 2 – Loan Details**

Principle Loan Amount \_\_\_\_\_  
Benefit (Sum Assured) \_\_\_\_\_  
Financier / Mortgagee \_\_\_\_\_  
Branch \_\_\_\_\_  
Loan Period (Years) \_\_\_\_\_  
Interest Rate (P.A) \_\_\_\_\_

**SECTION 3 – Beneficiary Details**

Name of Next of Kin (In full) \_\_\_\_\_  
Postal Address \_\_\_\_\_  
Town \_\_\_\_\_  
Relationship \_\_\_\_\_

**SECTION 4, Health Details**

**Please Answer all These Additional Questions**

Qstn No	Details	Yes	No
1.	Are you now in good health, in all respects? If "No" give details _____ _____		
2.	Have you ever suffered from any illness or accident which required more than three visits by/or to a doctor, and/or caused your absence from work for more than 14 days? If "Yes" give details _____ _____		
3.	Have you ever had: (a) Recurrent or persistent fever or skin disorder? (b) Persistent night sweats? (c) Abrupt weight loss? (d) Infections or swollen glands? (e) Chronic or recurrent diarrhoea? (f) Persistent cough? (g) Hepatitis B or sexually transmitted diseases including genital sores or discharge	Yes	No
4.	Have you ever had AIDS related condition or been advised to have blood test for AIDS		
5.	Have you ever been refused as a blood donor?		
6.	Have you received a blood transfusion within the last five years?		
	PLEASE GIVE FULL DETAILS OF ALL POSITIVE ANSWERS IN QUESTIONS 2-6 ABOVE _____ _____ _____ _____		

7.	<p>Has any proposal on your mortgage protection assurance ever been declined, postponed, withdrawn or accepted on special terms?</p> <p>If "Yes" give details of office(s) and date(s) _____</p> <p>What is the name and address of your usual medical attendant"</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
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**SECTION 5 – Declaration**

I hereby declare that the above statements are true and complete, I agree that they shall form part of my proposal for mortgage protection assurance with Geminia Insurance Company Limited. Any false statement or omission in this application form will render any claim invalid.

I consent to the Company seeking information from any doctor, hospital or clinic I have consulted or from any Company I made a proposal for mortgage protection assurance and I hereby authorize the giving of such information.

Signature of Mortgager \_\_\_\_\_

Date \_\_\_\_\_