

If you have previously met with an accident requiring medical attention Or made a claim, give details.

Do you ordinarily enjoy good health? Yes No

Are you now and have you been of uniform sober habits? Yes No

Give details of any previous attack of Gout, diabetes or fit of any kind

Have you ever suffered from a ruptured Varicose vein or any other physical defects or infirmity?

Do you require cover at an additional Premium, whilst engaging in football or motor cycling?

If you have any intention of residing Outside Tanzania, give details.

BENEFITS REQUIRED

Give sums insured required in each section below

Death

Permanent total disablement

Temporary total disablement

Medical expenses

DECLARATION

I hereby declare that the above answers are true and that I have not withheld or concealed any circumstances affecting the proposed insurance and this declaration shall be the basis of the contract between me and Madampesa Insurance Agency and I will pay the premium when called upon to do so.

Date

Signature

FOR OFFICE USE ONLY

Policy Number

Cover note number