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## Group Mortgage Proposal Form



### IMPORTANT NOTE

Cover will commence once the proposal form is **filled in full, signed and sealed, the details of all outstanding loans have been provided, and the required premium has been paid.**

Agency					
Name of Proposer					
Proposer's Postal Address		Post Code		Town	
Telephone Number:		Mobile Number		PIN	
Email address:					
Proposer's occupation					
Proposer's Bank Details: Bank Name					
Branch		Account Name			
Account Number		SWIFT Code			
Mobile Money Transfer Number (If Applicable)					
Total Number of Members with loans		Age Range		To	
Total Amount of Loan Balances Kshs		As at			
Number of Deaths during the last 2 years		Amount Claimed (Kshs)			
<b>Riders Applicable (Tick):</b>					
Permanent Total Disability	<input type="checkbox"/>	Critical Illness	<input type="checkbox"/>	Last Expense Cover	<input type="checkbox"/>
Benefit Limit (Kshs)					
Have you ever proposed for a similar policy before?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>		
If yes, state name of the Insurance					
Has such cover ever been canceled or declined?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>		
State reasons for such cancellation or decline:					

## GENERAL DECLARATION

We declare that the particulars, information and documents provided herewith are true and accurate to the best of our knowledge. We agree that this declaration shall form the basis of the insurance contract between **PIONEER ASSURANCE LIMITED** and ourselves. We further agree to abide by the policy terms, exceptions, conditions and any endorsements and amendments thereon and that we have not withheld any material information.

Signed at		This		Day of		Year	
Name		Designation		Signature			

**(Please affix official stamp)**

## DATA STATEMENT

Pursuant to the data protection act 2019 ("DPA"), Pioneer Assurance Company Limited (hereafter PACL, in its capacity as a data controller under DPA is required to obtain your explicit and informed consent before it can collect or process any personal data to administer applied insurance products and services as required. PACL will treat all your personal information as private and confidential.

Nothing about you will be disclosed to anyone except to the following classes of people or in the following exceptional circumstances:

1. To Pioneer Assurance Company Limited, its subsidiaries, insurers and service providers and other member of the permitted parties.
2. Where PACL is legally compelled to do so under any Kenyan laws, foreign laws as may be applicable, Regulatory Bodies and;
3. For purpose of concluding contractual obligations, and Promotion of products and services marketed by PACL or its partners using the contact particulars which PACL may have in its records from time to time.

Tick the checkbox if you Agree

Date:

Signature: