



**PIONEER ASSURANCE COMPANY LIMITED, MOI AVENUE. P.O. Box 20333-00200, Nairobi, Kenya**  
 Email: [newbusiness@pioneerassurance.co.ke](mailto:newbusiness@pioneerassurance.co.ke) | [www.pioneerassurance.co.ke](http://www.pioneerassurance.co.ke) Tel: 020-7220000

## SULUHU MKONONI PLAN

### SULUHU MKONONI OWNER DETAILS

NAME:			
DATE OF BIRTH:	GENDER:	MARITAL STATUS:	PHONE:
EMAIL ADDRESS:			
ID/PASSPORT NUMBER:	KRA PIN NUMBER:	PHYSICAL ADDRESS:	

### EMPLOYMENT INFORMATION

STATE YOUR OCCUPATION:
EMPLOYER'S NAME

### BENEFICIARY DETAILS

NAME	RELATIONSHIP	DATE OF BIRTH	% SHARE	CONTACT

### SULUHU MKONONI PLAN DETAILS

START DATE	PERIOD IN YEARS	END DATE	Preferred date of first installment

**MODE OF PAYMENT:** DAILY      MONTHLY      QUARTERLY      SEMI ANNUAL      ANNUAL      LUMPSUM

### CONTRIBUTION AMOUNT:

<b>METHOD OF PAYMENT :</b>	CASH	MPESA	CHECK-OFF	BANK STANDING ORDER
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### HEALTH QUESTIONS

Do you have any medical condition? (YES/ NO)

If yes, kindly specify the condition, duration, and treatment below.

### DECLARATION AND AUTHORIZATION

I \_\_\_\_\_ the Suluhu Mkononi owner declare and agree that;

- This application is hereby made to Pioneer Assurance according to the company's terms and conditions.
- The information provided in this application is true, correct and accurate and that the money used for this policy does not arise out of the proceeds of any money-laundering or other illegal activities.
- Pioneer Assurance reserves the right to verify all information provided herein.
- The information provided in this application and in any other documentation submitted in connection to this application forms the basis of this policy.
- I consent to have my policy document delivered to me through electronic email indicated in this proposal. I also understand that my policy document will be considered delivered once dispatched to this email.

<b>CUSTOMER SIGNATURE:</b> <span style="border: 1px solid black; display: inline-block; width: 350px; height: 25px; vertical-align: middle;"></span>	<b>DATE:</b> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 25px; vertical-align: middle;"></span>
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**AGENT CODE:** \_\_\_\_\_ **AGENT NAME:** \_\_\_\_\_ **BRANCH MANAGER:** \_\_\_\_\_ **SIGN:** \_\_\_\_\_