



NAME OF PROPOSER.....

ADDRESS:.....

TELEPHONE NO**CELL**.....

BUSINESS/OCCUPATION

PERIOD OF INSURANCE **From** **To**

Perils covered:

- Death (excluding terminal illnesses e.g cancer)
 - Accidental Total Temporary Disability
 - Accidental Permanent Total Disability
 - Disappearance (as defined by the Disappearance Persons Act)
 - Default as a result of ill health early retirement
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THE POLICYHOLDER

- (i) Loan amount USD.....
 - (ii) Date of issue
 - (iii) Repayment periodmonths
 - (iv) First repayment date
-

CLAIMS EXPERIENCE

- (a) Have you ever suffered any credit related loss? YES NO
- (b) Give the following details if answer to (a) above is Yes
 - (i) Amount of claim USD.....

(ii) Brief description of the loss circumstances.....
.....

State your debt repayment method

DEBT/STOP ORDER

CASH

OTHER (Specify Below)

DECLARATION BY POLICYHOLDER

I/We hereby declare and warrant that the information supplied above is true and accurate to the best of my/our knowledge and further understand that any deliberate misrepresentation will give the insurers the option to deny any liability.

I/We also agree that in the event of a loss resulting from the above perils, Agribank will be the sole beneficiary of the policy.

Signature.....

Name.....

Surname.....

Date.....
