



PERSONAL PENSION PLAN

APPLICATION FORM

**The Jubilee Insurance Company of Kenya Limited
Head Office:**

Jubilee Insurance House, Wabera Street,
P.O. Box 30376 - 00100 GPO, Nairobi, Kenya
Tel: 3281000 Fax: 3281150
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www.jubileeinsurance.com

Mombasa:

Jubilee Insurance Building, Moi Avenue,
P.O. Box 90220 - 80100, Mombasa, Kenya
mombasa@jubileekenya.com

Kisumu:

Jubilee Insurance House, Oginga Odinga Road,
P.O. Box 378 - 40100, Kisumu, Kenya
kisumu@jubileekenya.com

DIRECTIONS:

1. Please complete the form in **BLOCK LETTERS**.
2. Attach a photocopy of ID or passport and tick where applicable.

PART 1 - Personal Details

Full name as per ID or Passport: _____

Date of Birth: day/month/year _____ Gender: Male Female

Personal Address: _____ Employer: _____

Mobile (Tel): _____ Postal Address: _____

Email: _____ Office Tel: _____

PART 2 - Beneficiary Details

Beneficiary Details				Guardian (if beneficiary is under 18 years of age)	
Name	Address	Relationship	% share	Name	Relationship to beneficiary

PART 3 - Payment

I hereby enclose: Cheque for the amount of Kshs _____

PART 4 - Declaration

I hereby apply for the Personal Pension Plan and confirm that to the best of my knowledge, the statements and answers contained herein are true, full and complete in every part.

Signature of applicant: _____ ID/Passport No: _____ Date: _____

Intermediary: (Name) _____ Signature: _____