

## PROPOSAL FORM FOR FIDELITY GUARANTEE

AGENT / BROKER  ACCOUNT NO.:  POLICY NUMBER

### SECTION 1 (A) - INDIVIDUAL CUSTOMER DETAILS

i) Full Name of Proposer     
(First Name) (Second Name) (Other Names)

Date of Birth   -   -     Gender   Marital Status  Single  Married

Nationality  Citizenship

ii) Contact Details: (mobile):  (tel):   
 (email address):   
 (Postal Address):  (Postal code):  (town/city):   
 Residential Address (Physical)

iii) Identification Doc. 

<i>Identification Type</i>	<i>Identification Number</i>	<i>Expiry Date</i>
<input type="checkbox"/> Identity Card	<input type="text"/>	
<input type="checkbox"/> Passport	<input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Asylum	<input type="text"/>	

(Attach a copy of Identification Document)

iv) Income Tax No. (PIN)  (Attach a copy of PIN Certificate)

v) Are you Employed?  Yes  No OR ii) Self Employed?  Yes  No

vi) If employed, state your current employer

vii) Occupation  Sector

viii) Source of Income  Salary  Business Proceeds  Pension (Recipient of Annuity)  Rent (Real Estate)  
 Non-Income generating dependant

ix) Source of Wealth  Legal Settlement  Royalties  Inheritance  Donations  
 Winnings  Savings  Sale of Investment  Sale of Property  
(Lottery/ Casino/Bettings)  
 Rent (Real Estate)  Employment  Pension  Business Proceeds

x) Full Name of Next of Kin  Relationship   
 (Telephone No.):

### (B) - LEGAL ENTITY, CORPORATE OR SME CUSTOMER DETAILS

i) Trade Name   
 Legal/Registered Name   
 Registration Number   
 Country of Incorporation  Country of Parent Company if any

ii) Contact Details (mobile):  (tel):   
 (email address):   
 (Postal Address):  (Postal code):  (town/city):   
 Physical Location



- b) The wages cheques are signed and reconciled with the wages sheets by persons not responsible for making out such sheets  Yes  No
11. In the event of guaranteed employees signing cheques, dual signatures and required where the amount exceeds Sterling Pounds 250 or currency equivalent.  Yes  No

**N.B** If a cheque signing machine is operated a supplementary proposal form must be completed.

12. Have there been any defalcations within the last 5 years
- a) Money ?  Yes  No
- b) Stock ?  Yes  No

If YES state how many and give the circumstances and amount of each :

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Has your system of check been improved to prevent any recurrence ?

If YES state how

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13. Have you ever proposed for Fidelity Guarantee to this or any other Insurer ?  Yes  No
- If YES state when, to whom and whether accepted or declined or and if accepted at what premium ?

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For a Schedule of Employees for whom Insurance is required - Refer to Page 5

14. The primary mode of delivery of your policy document and other official documents shall be via email. Kindly provide your email address below:

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## CONSENT & DECLARATION

I/We consent to The Heritage Insurance Company Kenya Limited:

- i) Collecting, using, disclosing, processing and/or storing my/our personal data for purposes that are relevant to my policy and as permitted by law;
- ii) Collecting and sharing my personal data information in accordance with the privacy policy on its website (<https://www.heritageinsurance.co.ke/>): and
- iii) Transferring my/our personal data to their reinsurers and affiliated companies for purposes of insurance and as permitted by law.

I/We hereby declare the truth and correctness of the above statements and particulars, and that my/our answers herein are in my/our full knowledge and have been written by me or with my full authority.

I/We hereby agree that this Proposal and Declaration shall form the basis of the contract between me/us and the Heritage Insurance Company Kenya Limited.

Proposer's Signature \_\_\_\_\_ Date: \_\_\_\_\_

*No liability (except for the period stated in the Insurer's Official Cover Note) is undertaken until the Proposal is accepted by the Insurer and the premium paid.*

