



# ICARE PRODUCT PROPOSAL FORM

 www.bestlifezambia.co.zm

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 0211 250281  
0211 250282

 Plot 3577, Corner of Chikwa Road & Suez Road, Lusaka

Please tick the applicable

Buying for self  
 Main life only

Buying for other  
 Main life and family

Client Details (Premium Payer)

|                     |  |
|---------------------|--|
| FIRST NAME          |  |
| SURNAME             |  |
| NRC NUMBER          |  |
| PHONE NUMBER        |  |
| EMAIL               |  |
| OCCUPATION          |  |
| PLACE OF WORK       |  |
| RESIDENTIAL ADDRESS |  |
| TOWN                |  |
| COMMENCEMENT DATE   |  |

Assured Member Details

| NO | Name | Date of Birth | NRC | Relationship | Life Benefit |
|----|------|---------------|-----|--------------|--------------|
| 1  |      |               |     | Main Life    | K3,500       |
| 2  |      |               |     | Spouse       | K2,500       |
| 3  |      |               |     |              | K1,500       |
| 4  |      |               |     |              | K1,500       |
| 5  |      |               |     |              | K1,500       |
| 6  |      |               |     |              | K1,500       |

Next of Kin Details (Beneficiary)

| NO | Name | Date of Birth | NRC | Relationship | Phone |
|----|------|---------------|-----|--------------|-------|
| 1  |      |               |     |              |       |

Mode of Payment

Mobile Money (Dial \*265\*3001\*ZMW#)     Salary Deduction     Direct Debit     Cash over counter

|                                     |         |                          |  |
|-------------------------------------|---------|--------------------------|--|
| Total Premium Payable (please tick) | K315.00 | <input type="checkbox"/> | Main life and family                             |
|                                     | K195.00 | <input type="checkbox"/> | Main life only (Funeral K5,000 and HCP – K1,500) |

I declare and warrant that the above information in all respects is complete and true and that this declaration shall be the basis of the contract between me and the BESTLIFE INSURANCE LIMITED

SIGNATURE OF CLIENT \_\_\_\_\_  
DATE \_\_\_\_\_

|               |           |
|---------------|-----------|
| Name of Agent | Signature |
| Sales Point   | Date      |