
9th Floor Amani Place, Ohio Street, PO Box 22229 Dar es Salaam Tanzania
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GROUP FUNERAL/ LAST EXPENSE PROPOSAL FORM

1. Name of Company/ Association _____
2. Address of the Company / Association _____
3. Nature of Company's / Association's business (*If more than one, state all*) _____

4. Total number of employees / members at inception of the scheme _____
5. Do any other Company / Association now carry or has any other Company or Association ever carried any form of Group Insurance on your members? **Yes / No.**
6. If so, submit detailed information on previous Group Insurance Coverage. _____

7. Representative of the Company / Association with whom correspondence is to be made.

8. Amount of first premium Tshs _____
9. Effective date of cover _____

The Company / Association agrees to submit a schedule of all its members to African Life Assurance (Tanzania) Limited. A report must also be made of all new members joining the scheme after commencement date.

The Company also agrees to pay the required premiums to African Life Assurance (Tanzania) Limited.

However, please note that no insurance will be effective until: -

- This application has been approved and accepted by the company at its Head office.
- The first premium has been paid to African Life Assurance (Tanzania) Limited by the Company / Association.

Signed at _____ on the _____ day of _____ 20_____

Name of the Official of the Company/
Association

Signature / Official Rubber Stamp