KCB INSURANCE AGENCY

THE KENYA VETERINARY ASSOCIATION KVA

APA INSURANCE
Insuring Happiness

SIMBA AFYA APPLICATION FORM

Part 1: Personal Details

Please complete in **BLOCK** letters. Please attach copy of the principal member's identity card or valid passport.

Full Name _____ ID No. /PP No. _____

Gender M F Date of Birth D D M M Y Y Y Y PIN No. _____

Marital Status _____

P.O. Box _____ Code _____ Physical Address _____

E-mail Address _____ Mobile/Tel No. _____ NHIF No. _____

Occupation _____ Account No. _____

Part 2: Details of dependent(s) to be covered

(please indicate weight and height for principal and spouse – where applicable).

No	Name	Date of Birth	Gender	Height	Weight	Relationship
1						
2						
3						
4						
5						

Part 3: Medical History

Have you or any of your dependents applying for membership suffered illness or injury in the last five (5) years that has resulted in hospitalisation? Yes/No

Nature of illness/treatment _____

Are you or your dependents currently suffering from any illness, condition or injury? Yes/No

Specify _____

Part 4: Benefit & Premium

Benefits		Premiums		Taxes		Total
Inpatient	Outpatient	Inpatient	Outpatient	Levies (0.45%)	Stamp Duty	

Part 5: Declaration

I declare that to the best of my knowledge and belief, the above statements are true and that no material information has been withheld. I consent to the company seeking medical information from any doctor whom my dependents or I have consulted in the past and may consult in the future. In the event of an admission I undertake to notify APA Insurance within 24 hours.

I confirm that I have read, understood and agree with the cover options, exclusions, terms and conditions as stipulated in the product brochure and benefit schedule.

Part 6: Nominee/Beneficiary for Last Expense Benefit

Name _____ ID/PP No. _____ Telephone _____

Signature of Applicant _____ Date D D M M Y Y Y Y

FOR OFFICIAL USE

Branch Code _____ Commencement Date D D M M Y Y Y Y