



**KCB INSURANCE AGENCY LTD**  
 KENCOM HOUSE, MOI AVENUE  
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## APPLICATION FOR KCB DIASPORA TRAVEL INSURANCE

(Attach copy of identification document(s))

### APPLICANT'S DETAILS

MR/MRS/MISS/DR/PROF/ENG (*Tick appropriately*): Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ National ID No.: \_\_\_\_\_

Passport No.: \_\_\_\_\_ Telephone: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

### NOMINATED DEPENDENTS (Resident in Kenya)

1. Name: \_\_\_\_\_ Gender:  Male  Female

ID No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Name: \_\_\_\_\_ Gender:  Male  Female

ID No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. Name: \_\_\_\_\_ Gender:  Male  Female

ID No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

4. Name: \_\_\_\_\_ Gender:  Male  Female

ID No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### BENEFICIARY DETAILS

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

ID/Passport No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### DECLARATION

I, \_\_\_\_\_

- a) warrant that, the above statements are true and that I have not withheld, distorted or concealed any information affecting the proposed insurance. Consequently, I agree that this proposal and declaration shall be held to be promissory and form the basis of the contract between me and the company.
- b) hereby authorise KCB to debit my account, number: \_\_\_\_\_ with USD 96.00 or its equivalent being premium for the above insurance cover and subsequently every year on the anniversary of the policy (one year from date signed) unless advised to the contrary in writing.
- c) agree to be bound by the Terms and Conditions pertaining to Standing Order Instructions and undertake to avail adequate funds on or before the due date to facilitate execution of the transaction failing which will attract penalties as stipulated in the Bank Tariffs.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Regulated by the Central Bank of Kenya

