



Policy Application Form

Holders Full Names: _____ Surname: _____

ID Number: _____ Cellphone Number: _____
(or Passport Number)

Date of Birth: _____ Work or other No: _____

Home Address: _____ Code: _____

Town: _____ Province: _____ Inception Date: ____/____/20____

Address: Shop 2, 9914 Rapodile street, Kwa-Thema
Tell: 0816070551/081705141
Email: kanyofs@outlook.com
Reg: 2025/322268/07





Extended Members

Policy Holders Initial and Surname: _____ Member ID No: _____

MAIN MEMBER

Name and Surname	ID Number or Passport	Date of Birth	Inception Date

DEPENDANTS

Name and Surname	ID Number or Passport	Date of Birth	Inception Date

NB: Kindly send form to the following:

Email: kanyofs@outlook.com

Signature: _____

Date: _____

Address: Shop 2, 9914 Rapodile street, Kwa-Thema

Tell: 0816070551/081705141

Email: kanyofs@outlook.com

Reg: 2025/322268/07

