



The Monarch
Insurance
A friend for life.

CREDITOR ASSURANCE-PROPOSAL FORM

PERSONAL DETAILS

Name of the Financier _____ Reference No _____

Surname _____ Other Names _____ Sex M F

Postal Address _____ Postal code _____ Town _____

Tel No _____ Fax _____ Email _____

Date of Birth _____ Occupation _____

Name of Employer _____

ID NO _____ Driving License _____

PARTICULARS OF LOAN

Amount of loan _____ Interest Rate _____

Period of Cover (Months) _____ Premium Rate _____

Frequency of Premium payments _____ Premium payable _____

Loan Start Date _____

Name of the Bank _____ Official Signature/Date _____

DECLARATION

I, declare that to the best of my knowledge and belief:
I am in good health and free from disease or disability or symptoms thereof and I am not receiving any regular treatment and have not done so in the last 12 months and the assurance does not replace any other exiting assurance with any life assurer. I understand that I may be required to submit to Medical Examinations in certain circumstances.

This policy has been effected by me voluntarily and has not been made a condition for granting the loan by the institution. I agree that if the above declaration is not true, this assurance shall be null and void.

Signed at On this day of Year

Signature of the Assured _____