

# Wapic SMART Scholar Plan PROPOSAL FORM

Affix a recent passport photograph here

## GUIDELINE TO FILL THE FORM

1. An individual who assists an applicant to complete this proposal form for insurance shall be deemed to have done so as the agent of the applicant
2. All details are mandatory, except they are not applicable. Please ensure regularity of your signature in all correspondences.
3. Please attach: (i) Recent passport photograph (ii) Means of identification: Nigerian Driver's License, National ID card, International Passport, Voters Registration Card (iii) Evidence of utility bill payment:PHCN, Water Rates etc
4. Please note the liability of the Company does not commence until this proposal has been accepted by Wapic and the premium paid.
5. We do not accept responsibility for any cash payment to our representatives/agents.

## SECTION A: POLICYHOLDER'S DETAILS

Name:	S U R N A M E M I D D L E N A M E F I R S T N A M E																											
Title:	Mr	Mrs	Miss	Others	Marital Status:	Single	Married	Divorced	Widow	DOB	D	D	M	M	Y	Y	Y	Y										
E-mail:																			SEX	F	M	Religion:						
Address:															T O W N					C I T Y								
	S T A T E														C O U N T R Y				Nationality:					State of origin:				
Telephone:															Alt. Tel:					P.O. Box:								
Linked In ID:															Facebook ID													
Occupation:															Are you Self Employed?	Y	N	If yes Pls. Indicate:	Partnership	Professional	Sole-Owner							
If "No", Employer:															Job Title:					BVN								
Annual Income Band	Over N15m	N10.1 - N15m	N7.6 - N10m	N5.1 - N7.5m	N2.6 - N5m	N1 - N2.5m	Below N1m																					
Means of Identification	National ID Card	Int'l Passport	Driver's License	Voter's Card	Others Pls Specify	Non Nigerian	Resident Permit																					

## SECTION B: INSURANCE DETAILS

Start Date	D	D	M	M	Y	Y	Y	Y	Annual Contribution(N)							Payment Frequency	Y	H	Q	M	Duration:		
Sum Assured																							
Method of Payment:	Cheque	Transfer	Direct Debit	Do you have insurance with Wapic?	Y	N	If 'Yes' Please Give Details																
Please state sum assured currently in force on your life											Please state the Insurance Company												
Has any proposal on your life ever been declined, postponed, deferred, withdrawn or accepted on special terms?	Y	N	If 'Yes' give details																				
Wapic Account details:	Access Bank Plc, Account No.: 0775086405																						

## SECTION C: BENEFICIARIES DETAILS

	FULL NAME	DATE OF BIRTH	AGE (YRS)	RELATIONSHIP	PHONE NUMBER	PPN (%)
PRIMARY						
CONTINGENT						

## SECTION D: MEDICAL DECLARATION

Do you have any existing medical condition / Illness?	Y	N	If 'Yes' Please Give Details																			
Height (ft/inches):			Weight (Kg)																			

## SECTION E: DECLARATION

I, ....., the Life assured, do hereby declare that I have personally checked all the information as given out in this form and confirm that all the answers are true and that I have not concealed or withheld anything with which the assurer should be acquainted with in order to assess my eligibility for assurance. I further declare that the meaning and consequences of all the terms and conditions have been explained to me and that I am fully aware and understand same.

I irrevocably authorize and request any Doctor or other person(s) who may be in possession of, or hereafter acquire, any information concerning my health up to the present time to disclose such information to the assurer. I agree that this authority and request shall remain in force after my demise as well as prior thereto.

	Date	D	D	M	M	Y	Y	Y	Y	Signature of the Assured													
Witness:	Name								Date	D	D	M	M	Y	Y	Y	Y	Signature of the Witness					
Policy Document Delivery Address:	Tick if document should be delivered to address above		If otherwise, pls. specify																				

## SECTION F: FOR OFFICIAL USE ONLY

Staff / Agency Code								Branch / Team MIS Code								Signature of Sales Person							
Policy Number								Date	D	D	M	M	Y	Y	Y	Y							