



NATIONAL INSURANCE CORPORATION OF TANZANIA LIMITED

P.O. BOX 9264 DAR ES SALAAM TEL. 113823/29 FAX. 113403 TELEX 41146

PROPOSAL FORM FOR GROUP PENSION POLICIES

IN RESPECT OF PENSERVE SCHEMES

Serial No:

1. Proposer (Please give full name (s) and address (es))

2. Name and address of Principal Employer

3. Name and address of any other Employers

4. Title of arrangements

5. Class of Policy

6. How premiums are to be payable _____ in advance (i.e. annually, half yearly, quarterly or monthly or lumpsum)

7. Proposed commencing date _____

8. Employees eligible

9. Normal retirement age

Males _____

Females _____

10. Particulars of benefits required

DECLARATION

(To be signed by the Principal Employer and by all the Trustees if other than the Principal employer.

WE HEREBY DECLARE that the above Statements are true and complete in every respect and that no material facts are being withheld and that this Declaration shall be the basis of the contract between us and the National Insurance Corporation of Tanzania Limited. We hereby request you to issue the master Policy in the name of the proposers.

IT IS ADMITTED AND AGREED THAT any Master Policy or Policies to be issued consequent upon this proposal shall be issued only on the basis that all statements made to the Corporation or to the medical examiner of the Corporation by persons intended to be insured there-under are true, but any misstatement shall effect only benefits on the Life of the person making the same.

WE FURTHER AGREE that no liability shall attach to the National Insurance Corporation of Tanzania Limited in respect of any employee for whom an application has not been submitted to, and approved by the Corporation.

WE CONSENT that the contract or contracts shall be made subject to the Rules and Regulations of the Corporation.

**for and on behalf of
the Principal Employer**

Signature _____	_____ Trustee
Designation _____	_____ Trustee
Signature _____	_____ Trustee
Designation _____	_____ Trustee
Date _____	Date _____