ANCHOR INSURANCE LoEIS
Loss of Employment Insurance Scheme

Passport Photograph

LOSS OF EMPLOYMENT INSURANCE SCHEME

PROPOSAL/KYC FORM

PERSONAL INFORMATION (Prints in CAPITAL LETTERS)

Surname: _____ First Name: _____Middle Name: _____

Former Names: (if any): _____

Date of Birth: _____ Nationality: _____

Marital Status: _____ Gender: _____

Do you have any physical disability? Yes☐ No☐ If **yes,** please state _____

Means of Identification:_____

Phone Number(s) Home: _____Work:_____ Cell:_____

Email: _____ Alternative Email:_____

Contact Address (Current):_____

_____

Current Mailing Address: _____

Address (within last 10 years):

Address 1:_____

Address 2:_____

Address 3:_____

Proof of Address_____

EDUCATIONAL BACKGROUND

Primary:_____

Secondary (If any):_____

Tertiary (if any):_____

Training/Special Skills:_____

Professional Qualifications:_____

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EMPLOYMENT HISTORY:(for the last 3 jobs if any)

Current Job: Monthly Gross Salary [₦] _____ Monthly Insured Salary [₦] _____

	Company Name	Address/Phone number(s)	Job Title	Grade/Position	Duration	Dept.
1						

	Company Name	Address/Phone number(s)	Job Title	Grade/Position	Duration	Dept.
2						

	Company Name	Address/Phone number(s)	Job Title	Grade/Position	Duration	Dept.
3						

Current Industry: _____ No of Job changed in the last 5 years: _____

DEPENDANTS

	Full Name	Address	Phone Numbers(s)
Spouse			
Children			
Next of Kin			

DECLARATION

I declare that the information given is true and correct to the best of my knowledge and belief. I understand that any false or fraudulent statement or any attempt to suppress or conceal any material facts shall render my policy invalid.

Name: _____

Signature: _____ Date:_____

For Office Use Only

1. Premium Payable_____ Duration_____
2. Client Office Address_____
3. Name of Sales Person/Branch_____
4. Calculator Prod. Code_____