

**KOMERA COVER SUBSCRIPTION FORM/ IFISHI YO KWIYANDIKISHA KU  
NGOBOKA YA KOMERA**

**1. CLIENT INFORMATION / AMAKURU Y'USABA INGOBOKA**

Full Names / Amazina	
ID Number / Nimero y'indangamuntu	
Date of Birth / Itariki y'amavuko	
Phone Number / Nimero ya Telefone	
Email Address (optional)/ Imeli (si ngombwa)	
Marital Status / Irangamimerere	<input type="checkbox"/> Single / Ingaragu <input type="checkbox"/> Married / Wubatse <input type="checkbox"/> Widowed /Umupfakazi <input type="checkbox"/> Divorced/Watandukanywe
Residence (District, Sector) / Aho utuye (Akarere, Umurenge)	District/Akarere _____  Sector/Umurenge _____

**2. POLICY HOLDER / UWISHINGANISHA (Hitamo)**

- Single / Ingaragu  
 Family / Umuryango (wubatse)

**3. COVER BENEFITS/ AMAFARANGA Y'INGOBOKA (Choose option below /Hitamo ahakurikira)**

Cover amount/amafaranga y'ingoboka	Annual premium/umusanzu ku mwaka
a) <input type="checkbox"/> 500,000 RWF	18,000 RWF
b) <input type="checkbox"/> 1,000,000 RWF	36,000 RWF
c) <input type="checkbox"/> 2,000,000 RWF	72,000 RWF
d) <input type="checkbox"/> 3,000,000 RWF	108,000 RWF
e) <input type="checkbox"/> 5,000,000 RWF	144,000 RWF

**4. FAMILY MEMBERS TO BE COVERED / ABAKINGIRWA (ABAGIZE UMURYANGO)**

*(For Family Cover only / Huzuzwa n'ufite umuryango gusa)*

Name / Izina	ID Number / Indangamuntu	Birth Year / Umwaka w'amavuko	Relationship / Isano	Phone Number / Nimero ya telefone

### 5. BENEFICIARY INFORMATION / ABAZUNGURA

Name / Izina	ID Number / Nimero Ya Indangamuntu	Birth Year / Umwaka w'amavuko	Relationship / Isano	Phone Number / Telefone

### 6. HEALTH DECLARATION / IMITERERE Y'UBUZIMA

- Have you stopped working for more than 5 consecutive days due to illness in the last 60 days / Wigeze uhagarika akazi mu gihe kirenga iminsi irenga 5 ikurikirana mu minsi 60 ishize kubera uburwayi?  
 Yes / Yego       No / Oya
- Are you presently disabled, hospitalized, or unable to perform normal activities? / Waba ufite ubumuga runaka, ufite uburwayi butuma uri mu bitaro, cg se hari imirimo isanzwe utabasha gukora?  
 Yes / Yego       No / Oya
- Weight (kg) / Ibiro: \_\_\_\_\_ Height (cm) / Uburebure: \_\_\_\_\_



**BANK OF AFRICA**

BMCE GROUP 

**7. SUBSCRIPTION TERMS & CONDITIONS ACKNOWLEDGMENT / KWEMERA AMATEGEKO N'AMABWIRIZA**

Effective Date / Itariki bitangiriyeho \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Expiry Date / Itariki bizarangiriraho \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Premium Paid / Amafaranga y'Umusanzu yishyuwe \_\_\_\_\_ Frw

**8. CLIENT SIGNATURE / UMUKONO W'UMUKIRIYA**

I/Ngyewe \_\_\_\_\_ hereby declare that the information provided is true and correct/Nemeza ko amakuru atanzwe ari ukuri kandi yuzuye.

Signature / Umukono: \_\_\_\_\_ Date / Itariki: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**9. FOR BANK USE ONLY / IGICE CY'ABAKOZI BA BANKI**

Bank Officer Name / Izina ry'umukozi wa banki \_\_\_\_\_

Bank's branch / Ishami rya Banki \_\_\_\_\_

Signature & Stamp / Umukono na kashi bya Banki \_\_\_\_\_