

Branch: _____ Branch staff: _____

SUBSCRIBER IDENTIFICATION

First name and Surname: _____

Date of Birth:

Married (Yes/No): _____

Address: _____

Phone No: _____ E-mail: _____

ID No/passport: _____ Issue on: End of validity:

Place of issue: _____ Country: _____ City: _____

Occupation: _____ BOA Client (Yes/No): _____

ACCOUNT & FUNDS DETAILS

Account No: _____

Current Net Salary/Income: _____ per month.

Insurance total amount: _____ Deposited amount: _____

Requested Amount: _____ Repayment Term: _____

AGREEMENT TERMS & CONDITIONS

I hereby confirm my agreement to the insurance premium financing received and the terms of repayment as outlined. I understand that it is my responsibility to make timely payments.

I also acknowledge that Sanlam reserves the right to discontinue my insurance coverage in the event of default in repaying the granted loan by Bank of Africa - Rwanda.

Done at: _____ on

Client Names: _____

Signature

To be fully completed by the customer