

Linda Fanaka (Preferred Member) Application

Please complete this form and provide a copy of your national ID.

APPLICANT'S PARTICULARS

First Name	
Surname	
Date of Birth	D D M M Y Y Y Y
ID / Passport No.	
PIN	
Cell Number	
Email	
Organisation	
Gender	<input type="radio"/> Female <input type="radio"/> Male
Postal Address	

NEXT OF KIN

First Name	
Surname	
Relationship	
Cell Number	
Email	
Postal Address	

Did anyone introduce you to BimaNet? If so, please enter their personal particulars below;

REFERRER'S DETAILS

First Name		Surname	
Membership Number		Cell Number	

Is your spouse a member of BimaNet? Yes/No. If Yes please provide spouse's Membership Number _____

If No, please provide the details of your children aged 3 months - 18 years who will be covered under your insurance policy.

	Name	Gender	D.O.B
1.			
2.			
3.			
4.			
5.			

Please select your Linda Fanaka tier below;

TIER OF MEMBERSHIP	Express	Superior	Deluxe	VIP
LINDA FANAKA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Annual Membership Fee (Ksh)	21,490	30,610	45,430	59,700
	Bank Account		Pay Bill	
METHOD OF PAYMENT	Account Holder	BimaNet Ltd	Account Number	7837850018
	Bank	Commercial Bank Of Africa	Business Number	880712
	Account Number	7837850018		
	Branch	Upper Hill		
	Code	0		

Bank account to which your Refer-a-Friend earnings and claims will be paid to

Account Holder		Account Number	
Bank		Code	
Branch			

Health Questionnaire

I hereby apply for admission to the BimaNet Insurance scheme and agree to be bound by its rules.

Please complete the questionnaire as honestly and completely as possible and provide details of all 'Yes' answers on the reverse side.

		Yes	No
1.	Are you now in good health?	<input type="radio"/>	<input type="radio"/>
2.	Have you been absent from employment during the last two months due to illness, injury or any other type of incapacity?	<input type="radio"/>	<input type="radio"/>
3.	Have you ever had:		
	Unexplained, recurrent or persistent fever or skin disorder?	<input type="radio"/>	<input type="radio"/>
	Persistent, unexplained night sweats?	<input type="radio"/>	<input type="radio"/>
	Unexplained weight loss?	<input type="radio"/>	<input type="radio"/>
	Unexplained infections or swollen glands?	<input type="radio"/>	<input type="radio"/>
	Chronic or recurrent diarrhea?	<input type="radio"/>	<input type="radio"/>
	Persistent cough?	<input type="radio"/>	<input type="radio"/>
	Hepatitis B or any sexually transmitted disease, including genital	<input type="radio"/>	<input type="radio"/>
6.	Have you received a blood transfusion over the last 5 years?	<input type="radio"/>	<input type="radio"/>
7.	Do you participate in any of the listed sports e.g. rugby, mountaineering (using guides or ropes), scuba diving, hang-gliding, aided speed contest (motor sport, horse racing, etc), winter sports or big game hunting? If, yes, which pursuit(s), how often and are you licensed?	<input type="radio"/>	<input type="radio"/>
8.	Have you ever been diagnosed with cancer or heart disease? Ever suffered from a stroke, paralysis, organ failure, mental or nervous disorders, diabetes or any other condition necessitating continuous medical attention? If yes, which one(s)?	<input type="radio"/>	<input type="radio"/>
9.	Do you serve in any capacity as a member of a flight crew?	<input type="radio"/>	<input type="radio"/>
	If yes, in what capacity and which airline?		
10.	Do you have any existing physical disability? If yes which one(s)?	<input type="radio"/>	<input type="radio"/>
11.	Have you previously ever been denied life insurance cover? If yes why?	<input type="radio"/>	<input type="radio"/>
12.	Have you had any major surgery in the last 12 months?	<input type="radio"/>	<input type="radio"/>

Please provide complete details of all 'Yes' answers for questions 2 - 12

Beneficiary Nomination

I hereby nominate the following persons as recipients of the benefits payable upon my death under the BimaNet Insurance Scheme.

	Beneficiary's full names	Telephone No.	Relation to Member	ID Number (where applicable)	% of Benefits
1.					
2.					
3.					
4.					
5.					
6.					

If any of the nominees above is a minor, please nominate a guardian below

Name of Minor Beneficiary			
Guardian's Full Name			
Relationship to minor		Cell Number	
Guardian's ID Number			

I HEREBY DECLARE that all statements and answers to the questions overleaf are complete and truthful and I agree that they shall form part of my insurance contract with BimaNet and its underwriters. I also authorize any medical practitioner or medical facility having any records or knowledge of my health to provide BimaNet or its underwriters with any information sought. I acknowledge that I have read and agree to the Linda Fanaka Terms & Conditions as published on the BimaNet website

Signature by the PM	Date
Signature by the Sponsor	Date
Received by BimaNet	Date