

## Independent Business Owner Application Form

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			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Postal Address	

Is your spouse a member of BimaNet?  Yes  No. If so, 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.			

## Beneficiary Nomination

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

	Name	Gender	% of Benefits	Relationship with Life Insured	Guardian (If beneficiary is a minor)	Telephone Number
1.						
2.						
3.						
4.						
5.						

### REFERRER'S DETAILS

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

First Name		Surname	
Number		Cell Number	

Please select your Independent Business Owner Option; Tick as appropriate

OPTION	Express	Superior	Deluxe	VIP	VIP+
Life Cover	500,000	1,000,000	1,500,000	2,000,000	5,000,000
Funeral Cover	100,000	150,000	200,000	250,000	250,000
Critical Illness	250,000	500,000	750,000	1,000,000	1,000,000
Accidental PTD *	100,000	150,000	200,000	250,000	250,000
Accidental TTD **	100,000	150,000	200,000	250,000	250,000
In-Hospital Cash Back (Per Day - Max 28 days)	4,000	6,000	8,000	10,000	10,000
Annual Membership Fees	Ksh 66,490	Ksh 75,610	Ksh 90,430	Ksh 104,700	Ksh 150,500

\* PTD: Permanent Total Disability

\*\* TTD: Temporary Total Disability

### BANK ACCOUNT DETAILS

Account Holder	
Bank	Account Number
Branch	Code

## 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="checkbox"/>	<input type="checkbox"/>
2.	Have you been absent from employment during the last two months due to illness, injury or any other type of incapacity?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you ever had:	<input type="checkbox"/>	<input type="checkbox"/>
	Unexplained, recurrent or persistent fever or skin disorder?	<input type="checkbox"/>	<input type="checkbox"/>
	Persistent, unexplained night sweats?	<input type="checkbox"/>	<input type="checkbox"/>
	Unexplained weight loss?	<input type="checkbox"/>	<input type="checkbox"/>
	Unexplained infections or swollen glands?	<input type="checkbox"/>	<input type="checkbox"/>
	Chronic or recurrent diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>
	Persistent cough?	<input type="checkbox"/>	<input type="checkbox"/>
	Hepatitis B or any sexually transmitted disease	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you received a blood transfusion over the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
5.	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="checkbox"/>	<input type="checkbox"/>
6.	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="checkbox"/>	<input type="checkbox"/>
7.	Do you serve in any capacity as a member of a flight crew? If yes, in what capacity and which airline?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Do you have any existing physical disability? If yes which one(s)?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Have you previously ever been denied life insurance cover? If yes why?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Have you had any major surgery in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>

Please provide complete details of all 'Yes' answers for questions 2 - 10

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### PAYMENT OPTIONS

	Bank Account	Safaricom Paybill
METHOD OF PAYMENT	Account Holder      Bimanet Ltd Bank                      Commercial Bank Of Africa Account Number      7837850018 Branch                    Upper Hill Code                        0	Account Number      7837850018 Business Number      880712

### DECLARATION AND AUTHORIZATION

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 Applicant:
Received by BimaNet:

Date:
Date: