

# AUREOL INSURANCE COMPANY LIMITED

Kissy House, 54 Siaka Stevens Street P O Box 647, Freetown  
Tel: 078/088/175175/079060774



## **MEMBERSHIP FORM**

Employer.....

Name of Main Member.....

Address:.....

Date of Birth.....Sex..... Tel No.....

### **DEPENDANTS DETAILS**

Spouse Name.....

1st Dependant Name.....

1st Dependant Date of Birth.....

2nd Dependant Name.....

2nd Dependant Date of Birth.....

3rd Dependant Name.....

3rd Dependant Date of Birth.....

4th Dependant Name.....

4th Dependant Date of Birth.....

**Note: Only one Spouse and not more than 4 dependants under the age of 18 years should be included in the plan.**

**One Passport sized photograph of each person in the scheme must be submitted with this Form and the names written at the back.**

Declaration: I declare that all information provided is true, accurate and correct.

**Signature of Main Member..... Date.....**