

## **POLICY APPLICATION FORM**

FullName:	Miclean Th_lota
Date of Birth:	$\frac{O(4-17-70)3}{(DD-MM-YYYY)}$
Adress:	94 Chitunguiza
Phone:	08194312
Medical Condi	tion: Vone
n Wajashiliyol da gara	
Preferred Prem	ium: 388