



**First Capital**  
BANK

## CREDIT LIFE ASSURANCE FORM

Please complete in BLOCK LETTERS

Institution's Name

Branch Name

Loan Account Number/  
Policy Number

Account Type: Personal

☐

Vehicle

☐

Business

☐

Other

☐

### FIRST LIFE INSURED

First Name

Surname

Title

Omang/ ID No.

Nationality

Gender

☐ M☐ F

Date of birth

D	D	M	M	Y	Y	Y	Y
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Postal address

Cell No.

Res No.

Work No.

Email

Occupation

### COVER

Loan Commencement Date

D	D	M	M	Y	Y	Y	Y
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Term of Loan (Months)

Repayment  
Frequency

Y

HW

Q

M

P

Principal Debt

P

Single Premium

### DECLARATION

I declare that I am in good health and actively at work at the inception of this policy or the day that I am eligible to be included in the scheme and have not been absent for more than 10 days due to illness in the preceding 3 months. If I cannot satisfy this condition, then cover will not be provided until:

i) I have returned to work and completed 2 months continuous and active service

ii) I have completed a Medical Proposal Form, satisfactory to Botswana Life, if I wish to be included in the Scheme at an earlier date.

**Actively at work means that I am not only present at my place of work on a prescribed day but I am mentally and physically capable of carrying out my normal regular duties associated with the job for which I am employed.**

The above declaration is true and complete and will form the basis of my policy. I understand that any material information withheld or declaration made which proves to be incorrect, may invalidate a claim under this policy.

### SIGNATURES

Signature of First Life Assured

Date

D	D	M	M	Y	Y	Y	Y
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Signature of Bank Representative

Date

D	D	M	M	Y	Y	Y	Y
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Underwritten by: