

RENEWAL INSTRUCTION FORM

Principal Members name			
Membership no.			
Inpatient Plan			
Outpatient Plan			
Other Optional Plans			
Total Premium			
Mode of Payment/ Payment Options (tick where appropriate)	VISA <input type="checkbox"/>	Cheque <input type="checkbox"/>	
	Mpesa <input type="checkbox"/>	Transfer <input type="checkbox"/>	
If the payment is paying more than one family please indicate			

BANK DEPOSITS – KSHS.	MOBILE MONEY - MPESA
BANK NAME : NIC BANK LTD ACCOUNT NAME: RESOLUTION INSURANCE COMPANY LTD ACCOUNT NUMBER: 1001004855 BRANCH NAME: JUNCTION BRANCH BANK CODE: 41 BRANCH CODE: 106 SWIFT CODE: NINCKENA	MPESA MENU SELECT; PAY BILL OPTION, BUSINESS NUMBER: 503100 ACCOUNT NO. IS YOUR M/NO. E.G 123456 AS IT APPEARS ON YOUR CARD. KEY IN THE AMOUNT TO SEND, INPUT THE PIN NUMBER CONFIRM PAYMENT & SEND MONEY

Postal address: **Post code:**..... **Town:**.....
Mobile phone no...... **Alternative no.**.....
Email address:.....

Contact Preference: Please indicate your preferred mode of communication that you would like us to contact you on all policy matters including renewal.

Post: **Email:** **Mobile:**

Please update the details below in case of any change.

Next of Kin: Name..... **Telephone No.**.....

Beneficiary: Name..... **Telephone No.**.....

Any other instructions/comments.....

Signature..... **Date**.....

Please note we can only renew members of your policy once we get a signed copy of this form