



Insurance
You're in control

INSHULE APPLICATION FORM

About this form

- This form is designed for students enrolled at particular school or institution
- You may include a student up to the age of 19 , or under 25 if they are in full-time education
- Attach two recent passport size photos with names written at the back
- Please take time to read this form carefully, making sure you have completed all the sections.
- Please write in BLOCK CAPITALS.
- If you need any assistance please call our Helpline on +255 784 107 700 or +255 22 550 8300 ,We are here to help you

NAME OF SCHOOL/ INSTITUTION

STUDENTS DETAILS

SURNAME	<input type="text"/>	FIRST NAMES	<input type="text"/>
STUDENT ID NO	<input type="text"/>	PARENT MOBILE	<input type="text"/>

ABOUT THE STUDENT'S PARENT/GURDIAN DETAILS

SURNAME	<input type="text"/>	FIRST NAMES	<input type="text"/>
EMAIL	<input type="text"/>	PARENT MOBILE	<input type="text"/>

MEDICAL CONDITION/ILLNESS WHICH NEED SPECIAL TENTION

Does your child have any medical condition/illness which need special tension/care? NO YES

If yes, please state below

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DECLARATION

I declare that, to the best of my knowledge, the information I have provided on this form is complete and accurate and that it contains all the information required.

Name & Signature Administrator: Date.....

Signature/Stamp of School contact person

..... Date.....

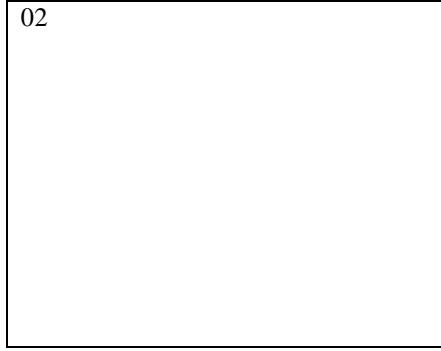
AAR CARD PHOTO SHEET

PLEASE STICK PHOTOS WITH GLUE ONTO SPACE PROVIDED, DO NOT STAPLE PHOTOS

01



02



NAME.....

DATE OF BIRTH.....

FOR OFFICIAL USE (UNDERWRITING COMMENTS)

START DATE :

END DATE :

POLICY TYPE

UNDERWRITING OFFICER:

SIGNATURE:

DATE :

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