



AFRI LIFE
Insurance

PROPOSAL FORM

LIFE AND PENSION



AFRI LIFE Insurance

Sales Representative _____ Received on _____

Proposal number _____ Initials _____

IMPORTANT: Form to be completed in CAPITAL LETTERS. A full answer must be given to each question, any matter relevant to the assessment of the risk should be disclosed. Non-disclosure may invalidate the life assurance contract or else adversely affect rights under the policy. If there is any doubt as to whether certain facts are material, they should be therefore disclosed.

Please answer each question fully; it is not sufficient to put a dash or stroke. Write N/A for non-applicable questions.

A1. TO BE COMPLETED BY FIRST LIFE PROPOSED TO BE ASSURED - LIFE ASSURED 1

Title (Mr./Mrs./Miss) Family Name

Other Names Gender (M/F)

Maiden Name Date of Birth ANB

NIC No. / Passport No. Country of Birth

Occupation Class Employer Marital status

Contact Details
Address (Residential)

Tel (Home) Tel (Office) Mobile

Email Address

A2. TO BE COMPLETED BY SECOND LIFE PROPOSED TO BE ASSURED - LIFE ASSURED 2

Title (Mr./Mrs./Miss) Family Name

Other Names Gender (M/F)

Maiden Name Date of Birth ANB

NIC No. / Passport No. Country of Birth

Occupation Class Employer Marital status

Contact Details
Address (Residential)

Tel (Home) Tel (Office) Mobile

Email Address



A3. To be completed by the proposer if different from life to be assured

Full Name Date of Birth ANB

ID Card No. / Passport No. Tel. (Home) Tel. (Office) E-mail

Address Relationship with life assured

Occupation Class Employer Marital status S M D W

Name of Child (Education Plan only) Date of Birth (child) Actual Age

B. Details of Assurance and Premium

Type of policy Term With profits Yes No

Supplementary TPD DAB VC VCS

Sum assured Rs. Frequency Single Monthly Yearly

Premium Rs. Deposit Rs.

Retirement age (55 - 70)

Should you wish to increase your Premium annually, please state by what percentage. (Applicable for unit-linked only) %

Payment Details

Bank Branch A/C No.

Cash Salary Deduction Others Date of Commencement

Your Weight Kgs Height m cms Life Assured 1

Your Weight Kgs Height m cms Life Assured 2

C. Insurance History - to be completed by life Assured (Not applicable to Vitaraflex)

Please answer the following questions carefully giving full details:

| | | |
|--|--|--|
| | <input type="text"/> Life Assured 1 | <input type="text"/> Life Assured 2 |
| (a) Do you have any existing life or pension policy with this office?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Was it accepted at ordinary terms?..... If extra premium was requested, or any particular exclusion or policy was declined or postponed, by Insurer, please give details below. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) Is a proposal on your life presently being made to any other office? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (d) Have any critical illness benefit/ disability claim on your life ever been paid to you on any policy with Afri Life Insurance or any other insurance company? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (e) Have any critical illness benefit/ disability claim application on your life ever been rejected by Afri Life Insurance or any other insurance company? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (f) Is any critical illness benefit/ disability claim application on your life being processed currently by Afri Life Insurance or any other insurance company? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |



Use this space to give full details.

| Question No. | Details |
|--------------|---------|
| | |
| | |
| | |

D. Health particulars of the life assured, habits and special hazards (Not applicable to Vitaraflex)

| | Life Assured 1 | Life Assured 2 |
|---|--|--|
| (a) How much do you smoke daily? | | |
| (b) What is your average daily consumption of alcohol or other stimulants? | | |
| (c) What kind of alcoholic liquor do you consume? | | |
| (d) Have your consumption of alcohol or tobacco ever been higher in the past? If yes, when did you reduce and for what reason? | | |
| | Life Assured 1 | Life Assured 2 |
| (e) Do you have any bodily infirmity or deformity?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (f) Do you presently suffer from any illness?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (g) Have you anytime been incapacitated for more than a week through illness or injury? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (h) For female lives: Are you pregnant? If yes, no. of weeks? Have you ever had any disorder of the female organs (breasts, ovaries, and uterus) or any abnormality of pregnancy or confinement eg caesarean, miscarriage, high blood pressure, gestational diabetes, etc.? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (i) Have you ever lived abroad apart from holidays? If yes, give full details | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (j) Are you likely to live and travel abroad?..... If yes, please indicate place, duration and purpose | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (k) Fly other than a fare paying passenger on recognised air services?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (l) Participate in any dangerous sport, activity or pursuit?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Use this space to give full details in case YES has been answered

| Question No. | Details |
|--------------|---------|
| | |
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E. State of Health (Not applicable to Vitaraflex)

| | Life Assured 1 | Life Assured 2 |
|--|--|--|
| (a) Name and address of your usual doctor. | | |
| (b) For how long has he/she been your doctor?..... | | |
| (c) Reason for last visit. | | |
| (d) During the last 5 years, have you consulted any other doctor than the one mentioned in (a)? Please give details and dates..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |



- (e) Have you undergone or been recommended to undergo any surgical operation?..... Yes No Yes No
- (i) Nature of operation.
- (ii) Date & Place of Operation
- (iii) Name of Surgeon.....
- (f) Have you ever undergone any X-ray, ECG, scanning or other investigation?..... Yes No Yes No
- (i) For suspected illness..... Yes No Yes No
- (ii) As a routine exercise..... Yes No Yes No
- (iii) On taking up employment..... Yes No Yes No
- (g) Is there a history in your family of diabetes, raised cholesterol, heart diseases, stroke, high blood pressure, mental illness, cancer, haemophilia or any hereditary disease occurring before age 65?..... Yes No Yes No
- (h) Have you ever had
- (i) Unexplained, recurrent or persistent fever or skin disorder?..... Yes No Yes No
- (ii) Unexplained persistent night sweats?..... Yes No Yes No
- (iii) Unexplained persistent weight loss?..... Yes No Yes No
- (iv) Unexplained infection or swollen glands?..... Yes No Yes No
- (v) Chronic or recurrent diarrhoea?..... Yes No Yes No
- (vi) Persistent cough?..... Yes No Yes No
- (vii) Hepatitis B/C or sexually transmitted diseases, including genital sores or discharges?..... Yes No Yes No
- (viii) Have you ever had or been advised to have a blood test for AIDS or an AIDS related condition?..... Yes No Yes No
- (ix) Have you ever been refused as a blood donor?..... Yes No Yes No
- (i) Have you ever received any blood transfusion within the last 5 years? Yes No Yes No
- (j) Are you suffering from any symptom of illness or currently receiving medical care or treatment?..... Yes No Yes No
- (k) Have you ever suffered from nervous breakdown/depression or received medication in relation to stress?..... Yes No Yes No
- Use this space to give full details in case YES has been answered

Life Assured 1

Life Assured 2

- (l) Have you suffered or are you currently suffering from or had symptoms of:
- (i) Ear, Nose or Throat Disease..... Yes No Yes No
- (ii) Eye Trouble..... Yes No Yes No
- (iii) Respiratory disorder such as pneumonia, tuberculosis, asthma, pleurisy or spitting blood, bronchitis or persistent cough. Yes No Yes No
- (iv) Shortness of breath or chest pain..... Yes No Yes No
- (v) Heart trouble, palpitation or heart attack, raised blood pressure



- Rheumatic fever or varicose veins Yes No Yes No
- (vi) Gout, rhumatism or rheumatic fever..... Yes No Yes No
- (vii) Recurrent indigestion, gastric ulcer, fistula or haemorrhoids Yes No Yes No
- (viii) Any other infection of the liver, gall bladder, intestine or stomach.. Yes No Yes No
- (ix) Infection of the kidneys, bladder, prostate, testis..... Yes No Yes No
- (x) Any other disease in the genito-urinary system or venereal disease Yes No Yes No
- (xi) Diabetes mellitus, sugar in urine..... Yes No Yes No
- (xii) Fits of any kind, mental or nervous disease, or fainting..... Yes No Yes No
- (xiii) Skin disorder..... Yes No Yes No
- (xiv) Bone disease..... Yes No Yes No
- (xv) Cancer, growth or tumour of any kind..... Yes No Yes No
- (xvi) Any other ailment not mentioned below..... Yes No Yes No
- (xvii) Tropical disease..... Yes No Yes No
- (xviii) Any blood disorder..... Yes No Yes No
- (m) Have you been told you could be undergoing medical or surgical treatment
 In the next few months?..... Yes No Yes No
- (n) Are you currently taking or have you taken drugs other than those
 prescribed for medical purposes during the last 6 months?..... Yes No Yes No
 If yes, what medication, and for what purpose?.....
- (o) For what ailments have you received any medical or surgical attention?.....
 Use this space to give full details in case YES has been answered

| Question No. | Nature of Illness | Date of Symptoms | Any Other Details |
|--------------|-------------------|------------------|-------------------|
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F. Family History (Not applicable to Vitaraflex)

| | Life Assured 1 | | | | |
|------------|----------------|-----------------|--------------|------------------------|---------------|
| | Age if Living | State of Health | Age at Death | Precise Cause of Death | Year of Death |
| FATHER | | | | | |
| MOTHER | | | | | |
| BROTHER(S) | | | | | |
| SISTER(S) | | | | | |

| | Life Assured 2 | | | | |
|------------|----------------|-----------------|--------------|------------------------|---------------|
| | Age if Living | State of Health | Age at Death | Precise Cause of Death | Year of Death |
| Father | | | | | |
| Mother | | | | | |
| Brother(s) | | | | | |
| Sister(s) | | | | | |

G. Investment Option form for Unit-Linked Funds

I would like my future contributions to my account be invested in the following proportions.
(Please use whole percentage only and check that the total adds up to 100%).

A: Cash Fund / _____

B: Bond Fund / _____

C: Equity Fund / _____

| | | | | |
|--|--|--|--|---|
| | | | | % |
|--|--|--|--|---|

| | | | | |
|--|--|--|--|---|
| | | | | % |
|--|--|--|--|---|

| | | | | |
|--|--|--|--|---|
| | | | | % |
|--|--|--|--|---|

By signing this section, it is understood that Afri Life Insurance Ltd. does not accept any liability in relation to any losses suffered as a result of investing in the funds indicated. If you require financial advice you should contact an independent financial adviser, duly recognised, to give investment advice in Mauritius.

Date

Signature
(As per NIC Specimen)

H. Revocable beneficiary nomination if any

In the event of death of the life assured while the policy is in force, please pay the policy monies to:
(If more than one nominee has been appointed, please specify their full names, relationship and share of benefits).

| | Name of Nominee | Relationship to Life Assured | Name of Guardian* <small>*(If nominee is under age 18)</small> | *Relationship to Guardian |
|----|-----------------|------------------------------|---|---------------------------|
| 1. | | (____%) | | |
| 2. | | (____%) | | |
| 3. | | (____%) | | |
| 4. | | (____%) | | |



I. Declaration to be signed by life/lives to be assured

I/We, the undersigned,....., the person whose life is proposed to be assured, do hereby declare that the foregoing statements and answers, even where it is not in my/our own handwriting, have been given by me, after fully understanding the questions, and the same are true and complete in every particular and that I have not withheld information regarding my health and I do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me and Afri Life Insurance Ltd and that if any untrue averment be contained therein, the said contract shall be absolutely null and void and all monies which shall have been paid in respect thereof shall be forfeited to the company.

I/We (jointly & severally) further agree that if, after the date of this proposal and before the payment of the first instalment of premium, there is any change or adverse circumstances connected with my health, I shall forthwith intimate the same to the company in writing to consider the terms of acceptance of this assurance. Any omission on my part to do so shall render this assurance invalid and all monies which shall have been paid in respect thereof shall stand forfeited to the company. I herewith authorise the company to seek medical information from any doctor who at any time had attended me and to make inquiries/request information from any insurance company which has received an insurance proposal on my life.

Dated aton theday of20.....

Signature of Life Assured 1 (As per NIC Specimen)

Signature of Life Assured 2 (As per NIC Specimen)

J. Declaration to be signed by proposer (If different from life to be assured).

I hereby propose to effect an assurance on the life to be assured and declare that I have an interest in the life to be assured to the extent of the assurance proposed and that to the best of my/our knowledge, the foregoing answers are true and complete.

I agree that this proposal and any statements made shall form the basis of the contract of assurance between me and Afri Life Insurance Ltd.

Date

Signature of Proposer

K. Source of Funds

SOURCE OF FUNDS (Please tick appropriate box/es)

Individual/1st Applicant

- Salary []
Rental/Property Sales []
Inheritance []
Maturing Investments []
Retirement Provision []
Savings []
Other (Specify) _____

Individual/2nd Joint Applicant

- Salary []
Rental/Property Sales []
Inheritance []
Maturing Investments []
Retirement Provision []
Savings []
Other (Specify) _____

Average Monthly Income (MUR) [] Less than Rs 25,000 [] Rs 25,000- Rs 50,000 [] More than Rs 50,000

I/We confirm that the funds transferred or to be transferred to Afri Life Insurance Limited (" the Company") are sourced from my/our personal assets and/or from benefits of transactions due to me/us of which are known to me/us.

I/We confirm that the funds transferred now or at any time in the future to the Company are/will not be derived from or otherwise be connected with any activity which is illegal or unlawful either in their country of origin or Mauritius.

I/We confirm that the transfer of funds to the Company are not in breach of Money Laundering Regulations and Laws applicable to Mauritius including the Financial Intelligence and Anti-Money Laundering Act 2002, the Prevention of Corruption Act 2002 and the Prevention of Terrorism Act 2002.

I/We further confirm that I/We have never convicted in any court of Law for a criminal offence.

Date: _____

 Signature individual/1st Applicant (As per NIC Specimen) Signature individual/2nd Applicant (As per NIC Specimen)

L. Tax Information

You may be considered resident for tax purposes in a foreign jurisdiction if, for example: you live, work or earn money in a foreign jurisdiction; you are a citizen or resident of a foreign jurisdiction; or other special circumstances apply to you.

You can be tax resident in more than one country at a time. Tax residency is complex and if you are uncertain you should consult your legal or tax adviser. Afri Life is obliged by international law to request this information which may be shared with tax authorities in foreign jurisdictions.

Country of tax residence

- Mauritius United States of America (Please complete FATCA self-certification form in the next section below)
- Other (specify country)

Tax residence: Under penalty of perjury I/We declare that to the best of my knowledge and belief my tax residencies disclosed are true, correct and complete. I am/We are not resident for tax purposes in any other country other than those disclosed in this application form.

I/We undertake to notify Afri Life within 30 days if this declaration becomes incorrect.

Date: _____

 Signature individual/1st Applicant (As per NIC Specimen) Signature individual/2nd Applicant (As per NIC Specimen)

M. Foreign account tax compliance act (FATCA) us self certification form for individuals

Important:

- The Foreign Account Tax Compliance Act (FATCA) requires the submission of information to the United States. We are required to collect tax information of the investors in order to full our FATCA obligations.
- You may not change any part of this self-certification form or its terms. If you correct any information you have completed, please sign next to it.
- If you have any questions on how to complete this form, we recommend that you speak to your tax or financial adviser.
- Please note that all sections of this self-certification form are mandatory. We may ask for additional information or documents, depending on what was completed.

1. My Details

| | | | |
|-----------|---|-------------------------------|---|
| Surname | | First name and other initials | |
| ID Number | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | Passport number | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |

Passport expiry date D D M M Y Y Y Y



| | | |
|--------------------------------|---|----------------------|
| Passport - country of issue | <input type="checkbox"/> If not, please specify the country | <input type="text"/> |
| Country of birth | <input type="checkbox"/> If not, please specify the country | <input type="text"/> |
| Country of residential address | <input type="checkbox"/> If not, please specify the country | <input type="text"/> |

2. My tax details

2.1 Mauritius

Are you a taxpayer? Yes No

If yes, please complete your tax reference number.

2.2 United States (US)

Are you a US person* or a resident of the US for tax purposes? Yes No

If yes, please provide your US Tax Identification Number (TIN).

*A US person includes, amongst others, as US resident, US Citizen and US green-card holder. If you are uncertain about whether you are a US person, please consult your tax or Financial adviser.

2.3 Countries other than Mauritius and the US

Are you a resident for tax purposes in any other country, other than Mauritius and the US? Yes No

If yes, please list the other countries in which you are a resident for tax purposes, together with any tax reference numbers or Tax Identification Numbers (TINs).

| | | |
|------------------------------|---|---|
| Country <input type="text"/> | Tax reference or TIN <input type="text"/> | Citizen of this country? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Country <input type="text"/> | Tax reference or TIN <input type="text"/> | Citizen of this country? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Country <input type="text"/> | Tax reference or TIN <input type="text"/> | Citizen of this country? <input type="checkbox"/> Yes <input type="checkbox"/> No |

My declaration

Under penalties of perjury, I certify that:

- I understand this self-certification form.
- The information provided is to the best of my knowledge true, correct and complete. I have completed all the details on this self-certification form.
- I further certify that I am using this form to document myself as an individual that is an owner or account holder of a Foreign (not US) Financial Institution. I am the beneficial owner of the account/income or the authorised signatory of the beneficial owner.
- I will not hold you responsible for any loss for a self-certification form received that was not clear, not correct or where all information were not completed.
- I hereby confirm and warrant that I hold no other citizenships and residences for tax purposes, other than disclosed above. If my disclosed status changes, I will inform you in writing of any change of this status within 30 days of the change occurring.
- I authorise this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.



| | | | | | | | | | | | | | | | | | |
|--------------------------------------|---|---|---|---|---|---|---|--|--|---|---|---|---|---|---|---|---|
| Name and surname of signatory | <input type="text"/> | | | | | | | | | | | | | | | | |
| Capacity of signatory (if not self*) | <input type="text"/> | | | | | | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | | | | | | |
| | Date <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | | | | | | | | | D | D | M | M | Y | Y | Y | Y |
| | | | | | | | | | | | | | | | | | |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | |
| Authorised signatory | <input type="text"/> | | | | | | | | | | | | | | | | |

* Where an authorised representative completes and signs this form on behalf of the account holder, please provide us with a certified copy of the Power of Attorney.

N. Afri Life Insurance Ltd. Privacy Notice

Before we begin

This notice (Privacy Notice) applies to information held about you and individuals which is collected and used by Afri Life Insurance Ltd. It explains what information we collect about you and individuals connected to the service being offered to you, how we will use that information, who we will share it with, the circumstances when we will share it and what steps we will take to make sure it stays private and secure.

When we say 'we', mean Afri Life Insurance Ltd which acts as a data controller in respect of your personal data.

Information we collect or generate about you and individuals connected to the transactions held with us

- We use your information with your consent where it is necessary to enter into contract or according to the law.
- While the personal information we collect may come directly from you, it may also be provided by third parties (such as employers, insurance companies, insurance brokers or agents, credit organisations, financial institutions, medical professionals and so on).
- Where data are not collected directly from you, the person acting on your behalf should provide a consent letter and your National Identity Card. You must thus ensure that you have an agreement with the relevant individual.
- If you provide personal information about other individuals (such as beneficiaries, employees and so on), you must obtain their consent prior to your disclosure to Afri Life Insurance Ltd.

Change of purpose

- We will use your personal information for which it collected it, expect we reasonably considers that it needs to be use it for another reason and that reason is suitable with the original purpose.

Why does Afri Life Insurance Ltd. collect information from you

- Delivering our products and services (e.g underwriting of insurance products)
- Carrying out your instructions (e.g. payment of a claim)
- Protecting our legal rights and complying with our legal obligations

How we will use your information and information relating to individuals connected to the services being offered to you by the company?

- To determine the eligibility and process applications for products and services.
- For administration purposes and payments
- For contractual obligations

Transferring information overseas

- The company may transfer certain personal data across geographical borders to Afri Life Insurance Ltd entities or service providers in other countries working on its behalf in accordance with applicable law.



Who we might share information with?

- To business partners like credit and fraud reporting agencies, reinsurers, medical service providers, lawyers, accountants and any other person getting involved in administering claims.
- To authorised service providers who perform services on our behalf.
- For legal requirements and business transfers where Afri Life Insurance Ltd. may disclose your information for legal purposes, in response to law enforcement authority or other government official requests, where there are investigations on activities related to suspicious transactions among others.
- Your beneficiaries or agent
- Any entity that has an interest in the products or services that we provide to you, including if they take on a risk related to them

How we keep information secure?

- We use a range of measures to keep data safe and secure which include encryption and other forms of security.
- We have a reasonable physical, technical and administrative security standard to protect personal information from loss, misuse alteration or destruction.
- We require our employees and any third parties to carry out any work on our behalf to comply with appropriate compliance standards including obligations to protect any information and applying appropriate measures for the use and transfer of information.

Rights of individuals

The right to access information we hold about you and to obtain information about how we process it. A reasonable fee will apply if your request is clearly unfounded, repetitive or excessive.

- The right to withdraw your consent to our processing of your information. We may however continue to process your information if we have another legitimate reason for doing so.
- The right to receive information you have provided to us in an electronic format and/or request that we transmit it to a third party.
- The right to request that we rectify your information if it is inaccurate or incomplete. We may however continue to retain your information if we are entitled or required to retain it.
- The right to object to, and to request that we restrict our processing of your information in some circumstances. Again there may be situations where individuals object to, or ask us to restrict, our processing of their information but we are entitled to continue processing their information and/or to refuse that request.

How long we will keep information?

- We will keep information in line with our data retention policy. As provided by the law, the company will store your personal information for a period of 7 years after the end of your contact with us.

What we need from you?

- You are responsible for making sure the information you give us, information which is provided by individuals connected to your policy. or information which is otherwise provided on your behalf is accurate and up to date, and you must tell us if anything changes as soon as possible.

Feel free to communicate with us if you have any questions relating to this Notice

- Contact us on 4035200
- Visit us at 4, Labourdonnais Avenue, Quatre Bornes, Mauritius - 72350
- Send us an email on: info@afri-lifeinsurance.com or visit: www.afri-lifeinsurance.com
- Send us an SMS or WhatsApp on 5727-5200

For acknowledgement: Read and Approved

Date

Signature individual/1st Applicant

(As per NIC Specimen)

Signature individual/2nd Applicant

(As per NIC Specimen)

O. ELIGIBLE INTRODUCER CERTIFICATE

Name of Applicant: _____

Address: _____

I/We certify that in accordance with the provisions of the Financial Intelligence and Anti Money Laundering Act 2002 and the FSC's code on the prevention of Money Laundering and Terrorist Financing as amended from time to time, or equivalent legislation.

1. I/We have verified the identity of the applicant and confirm that documentary evidence has been obtained and identity checks have been undertaken to confirm that the applicant(s) name(s) and address(es) as shown on the proposal from is/are correct.
2. The underlying records of identity and copies of the documentary evidence received are attached to this certificate.
3. The applicant(s) is/are applying on his/her own behalf and not as nominee, trustee or in a fiduciary duty for any other person.
4. I/We am/are unaware of any activities of the applicant that cause me/us to suspect either that the applicant is engaged in money laundering or any other form of criminal conduct.

| Eligible Introducer Information | | | | | |
|---------------------------------|--|--------------|--|------|--|
| | | | | | |
| Name | | Job Title | | | |
| | | | | | |
| Signature | | FSC Reg. No. | | Date | |

Afri Life Insurance Ltd.
4, Labourdonnais Avenue, Quatre Bornes, Mauritius - 72350
Tel. No. +230 4035200 Email: info@afrilifeinsurance.com www.afrilifeinsurance.com

P. Supplementary proposal form for dread disease or critical illness (Not applicable to Vitaraflex)

- | | Life Assured 1 | | Life Assured 2 | |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|
| 1. Do you or have you had a policy(ies) covering dread disease as well as sickness cover or any simultaneous proposal with another insurance company..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are you suffering /undertreatment from the following? | | | | |
| Coronary Heart Disease..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Stroke..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cancer..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Kidney Failure..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Organ Transplant..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heart Valve Replacement..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any other disease affecting: Kidneys..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lungs..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pancreas..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you suffered from any other ailment/disease in the past 12 months? For previous hospitalisations, operations, special investigation or medical treatment, please give details. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Any other fact affecting the proposal..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Use this space to give full details in case YES has been answered

| Question No. | Nature of Illness | Date of Symptoms | Any Other Details |
|--------------|-------------------|------------------|-------------------|
| | | | |
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| | | | |

I hereby declare and warrant that the above statements are true and complete.

I agree that this proposal shall form the basis of the contract, should the insurance be effected. If after, it is found that the statements of answers or particulars stated in the proposal form and its questionnaires are incorrect or untrue in any respect, the insurance company shall incur no liability under the insurance.

I am willing to accept the coverage subject to the terms, conditions and expectations prescribed by the Insurance Company in the Policy.

Date

Signature of Life Assured 1
(As per NIC Specimen)

Signature of Life Assured 2
(As per NIC Specimen)

Proposal Form - Checklist (To be filled by Sales Representative)

| | |
|----------------------|----------------|
| Sales Representative | Date Submitted |
| Name of Assured | Branch |

| KYC documents attached | Submitted [✓] | Office Use [✓] |
|---|---------------|----------------|
| 1. Certified copy of NIC of the assured | | |
| 2. Certified copy Recent Utility Bill*(Less than 3 months) | | |
| 3. Birth Certificate of child (Applicable to Education Plan) | | |
| *If different: Copy of rent book OR Original letter from owner and certified copy of NIC of owner | | |

| Other documents attached, where applicable | Submitted [✓] | Office Use [✓] |
|---|---------------|----------------|
| 1. Bank Transfer Form | | |
| 2. Banker's order | | |
| 3. Check off | | |
| 4. Sales Quotation | | |
| 5. Payment receipt | | |
| 6. Others (Juice, Mauritius Post, Website,.....) | | |

| Check if the following are answered and signed, where applicable | Submitted [✓] | Office Use [✓] |
|--|---------------|----------------|
| 1. All questions answered** | | |
| 2. Declarations in Sections I to O | | |
| 3. Declaration in Section P (If opted for VCS) | | |
| **To fill details table where answer(s) are replied 'Yes' | | |

| Any Remarks |
|-------------|
| |

| Office use | | | |
|-------------|--|------|--|
| Captured by | | Date | |
| Checked by | | Date | |

Q.

For office use only

| | |
|------------------------|--|
| Terms of Acceptance | |
| Acceptance Approved By | |
| Date Approved | |
| Remarks | |