

## PROPOSAL FORM

An Insurance Agent who assists an applicant to complete an application or proposal form for insurance shall be deemed to have done so as the agent of the applicant in accordance with section 54 (2) of Insurance Act, 2003

The liability of the company does not commence until this application is accepted and the premium is paid in accordance with section 50(1) of Insurance Act, 2003

NOTE: A Minor (below 18 years) cannot enter into a valid insurance contract. An adult can take the contract and make the minor a beneficiary.

**PLEASE NOTE THAT ALL PAYMENTS SHOULD BE MADE DIRECTLY TO CUSTODIAN OR VIA ANY OF OUR AUTOMATED CHANNELS AND NOT INTO ANY AGENT'S/ STAFF PERSONAL ACCOUNT.**

### CUSTOMER DETAILS

Title: Mr. Mrs. Ms. Miss. Others

Full Name: SURNAME FIRST NAME MIDDLE NAME

Date of Birth: DD / MM / YYYY Gender: M F

Marital Status: Married Single Widow/ Widower Others State of Origin:

Nationality: Town/ City of Birth: Country of Birth:

Residential Address: (Please attach Proof of Residence)

Contact Address: (Not P.O. Box)

Town: City: Country:

Tax Identification Number (TIN) of Resident Country:

Name of Employer:

Office Address:

Email Address:

Religion:

Occupation:  
(Please be specific)

Telephone:

Source of Fund:

### MEANS OF IDENTIFICATION (Please attach copy)

Drivers License Int'l Passport National ID Card Voters' Card Others (Specify):

Identification Number: Country of Issue:

Issuing Authority: Issue Date: DD / MM / YYYY Expiry Date: DD / MM / YYYY

Resident Permit: (For Non-Nigerians)

Utility Bill: Electricity Bill Waste Bill Water Bill Bank Statement Tenancy Agreement  
(Please attach a copy)

Name of Banker: Account Name:

Account Number: BVN:

Product Name:

### MORTGAGE PROTECTION POLICY/ CREDIT LIFE ONLY

Name & address of Mortgage Institution

Interest Rate:

### CHILDREN EDUCATIONAL ENDOWMENT PLAN ONLY

School Fees per Term:

Amount of Fatal Accident Benefits Required (Nil/50%/100%)

### CUSTODIAN DIGNITY PLAN (FUNERAL) ONLY

Nominated Enrollees

S/No	Name	Date of Birth	Relationship	Sum Assured	Health Status
1					
2					
3					
4					

## THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS (As Applicable)

### Nominated Beneficiaries

S/No	Name	Phone Number	Date of Birth	Relationship	Proportion of Benefit
1					
2					
3					
4					

Sum Assured: Term (No. of years): First Premium Paid: Regular Premium:

Frequency of Payment: Monthly Quarterly Half-Yearly Yearly Single Payment

Commencement Date: Maturity Date:

Mode of Payment: Cheque P.O.S Pay Direct/ Quickteller Remita Online Payment  
 Direct payment into the Company Account Standing Instruction

Do you have life assurance policy(s): Yes No If Yes, Name of Insurer:

If Yes, Total Sum Assured: Has any proposal on your life ever been declined, postponed, deferred, withdrawn or accepted on special terms? Yes No

If Yes, give details:

### MEDICAL HISTORY

Name and address of Hospital:

What is your present: Height (m): Weight (Kg):

To the following questions, please state: Yes or No (if yes, give details)

Are you currently sick or on any form of medication: Yes No If Yes, give details:

(Female only) Are you pregnant? Yes No If Yes, what is the expected delivery month?:

Have you smoked cigarette in the past 12 months? Yes No

Have you suffered or are you suffering from: Tuberculosis: Yes No Heart Disease: Yes No

Diabetes: Yes No Epilepsy: Yes No Insanity: Yes No Hypertension: Yes No

Any other ailment? Yes No If Yes, give details:

Have you ever had:

a. Unexplainable, recurrent or persistent fever or skin disorder? Yes No

b. Unexplainable, persistent night sweats? Yes No d. Unexplainable infection or swollen glands? Yes No

c. Unexplainable weight loss? Yes No e. Chronic or recurrent diarrhea? Yes No

f. Hepatitis B or sexually transmitted disease, including genital sores or discharge? Yes No

Are you HIV positive or suffering from AIDS? Yes No

Have you received blood transfusion within the last five years? Yes No

What games, sports or pastime do you engage in?:

Do you intend to reside outside Nigeria? Yes No

### DECLARATION

I, ....., acknowledge that all answers and information provided in this form are correct, that I have not concealed or withheld any information from Custodian Life Assurance Ltd which they ought to be made acquainted with in order to assess my eligibility for assurance and that I am willing to be medically examined if required. All information made to the company or its medical examiner(s) in connection with this proposal shall be the basis of the contract of assurance.

I irrevocably authorize and request any doctor or any person who may be in possession of, or hereafter acquire any information concerning my health up to the present time to disclose such information to the company and I agree that this authority shall remain in force until after my death as well as prior thereto.

I give my consent to Custodian to use my data, statements, and information for the purpose of the proposal, policy, and relationship and that I am aware of my right as a data subject as contained in the Data Privacy policy of the organization.

I agree that the information contained in this form is collected and may be kept for the purpose of automatic exchange of financial Account information, and such information regarding the proposer(s) may be reported by the financial institution to the Federal Inland Revenue Service and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the policy holder/proposer may be resident for tax purposes as prior thereto.

Name:

Date & signature of proposer:

Name of Witness:

Referred by:

Address of Witness:

*Custodian uses the personal data collected from her clients for the intents and purposes for which it was collected.*

*For more on our data privacy, visit the website link: [custodianplc.com.ng/privacy-policy](http://custodianplc.com.ng/privacy-policy)*

#### HOW TO REACH US

**Head Office:**  
 Custodian House,  
 16A, Commercial Avenue,  
 Sabo, Yaba, Lagos. P.O. Box 2101, Lagos  
 Tel: (+234) 1 2774000-9, 09139376294 - 7  
 E-mail: [carecentre@custodianinsurance.com](mailto:carecentre@custodianinsurance.com)  
 Website: [www.custodianplc.com.ng](http://www.custodianplc.com.ng)

#### OFFICES:

**Benin**  
 34, Akpakpava Rd, By Igbesamman Junction,  
 Benin City, Edo State. Tel: 07066908842

**Kano**  
 15, Bank Road, Kano, Kano State.  
 Tel: 064-895969

**Ibadan**  
 9, Onireke Residential Layout,  
 Onireke, Ibadan, Oyo State.  
 Tel: 022-918538

**Akure**  
 2nd Floor (Left Wing),  
 Bank of Industry (BOI) Building,  
 Alagbaka, Akure, Ondo State.  
 Tel: 07068517931

**Onitsha**  
 20, Akwa Road,  
 Onitsha, Anambra State.  
 Tel: 09032537339

**Owerri**  
 9, Egbu Road,  
 Owerri, Imo State.  
 Tel: 083-431158

**Calabar**  
 45, Murtala Mohammed  
 Highway, Calabar,  
 Cross River State.  
 Tel: 09095263143

**Port Harcourt**  
 222, Aba Road, Port Harcourt,  
 Rivers State. Tel: 07085000046

**Kaduna**  
 3, Kanta Road, P.O. Box 9301,  
 Kaduna, Kaduna State.  
 Tel: 09079834130

**Abeokuta**  
 36, Totoro Road, Abeokuta,  
 Ogun State. Tel: 08166904601

**Warri**  
 6, Airport Road, Effurun, Warri  
 Tel: 09071437012

**Osogbo**  
 378, Gbongan, Ibadan Road,  
 Opp. Fakunle Comprehensive  
 High School, Osogbo, Osun State.  
 Tel: 08133587587

**Abuja**  
 3rd Floor, Oakland Centre,  
 Plot 2940, Agunyi Ironsi Street,  
 Maitama, Abuja  
 Tel: 09-2900465

**Asaba Agency Office**  
 Suite 3 & 7, Empire House,  
 339, Nnebisi Road, Asaba,  
 Delta State

**Amurwa Odofin Agency Office**  
 Plot 129, Block 10, Festac Link Bridge,  
 Amurwa Odofin, Lagos. Tel: 01-2934178

**Ikorodu Agency Office**  
 60, Lagos Road, Benson Bus Stop,  
 Ikorodu, Lagos. Tel: 09069149532

**Ikeja Agency Office**  
 8, Obafemi Awolowo way, CBD, Alausa,  
 Ikeja, Lagos. Tel: 01-4541536

**Head Office Annex**  
 27, Commercial Avenue, Sabo,  
 Yaba, Lagos. Tel: (+234) 1 2774000-9

**Apapa Agency Office**  
 Atlantic House  
 27, Wharf Road,  
 Apapa, Lagos.  
 Tel: 09039134310

**Tejuosho Agency Office**  
 H4016, Tejuosho Complex,  
 Yaba, Lagos.

**Lekki Agency Office**  
 Gold Crest Plaza,  
 Lekki-Epe Expressway,  
 By Mega Chicken,  
 Ikota, Lagos. Tel: 09095695900