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P.O BOX 30280, LILONGWE 3, MALAWI | (H/O) CHIEF KILIPULA BUILDING Tel: +265 01 753012/757721 | Fax: +265 01 756320

E-mail:prime@primeinsurance.mw; Website: prime@primeinsurancemw.com

GOLFERS' INSURANCE PROPOSAL FORM

a).	Proposer's Name in full:	(b). Age :
c).	Address:	
	PERIOD OF INSURANCE: From	То:
d).	Mention any physical, health, functional or other defect, disorder or weakness of any kind that you presently have.	
e).	Give brief particulars of accidents, losses or breakages, in which you have been involved	
f).	State sums to be insured under Items 3 and 4 overleaf if higher than provided	К
	g). If any Company or Insurer:	(Names of all Companies to be given)
	(a) Decline to insure you?	(a)
	(b) Required special terms to insure you?	(b)
	(c) Cancelled/refused to renew your cover	(c)
	(d)Increased your premium on renewal?	(d)



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DECLARATION

I desire to effect with the NICO General Insurance Company Limited, insurance cover in the terms of the policy used for this class of business and I warrant that the above statements and particulars are correct and complete. I agree that this proposal shall be the basis of the contract between me and the Company.

Date:

Signature:

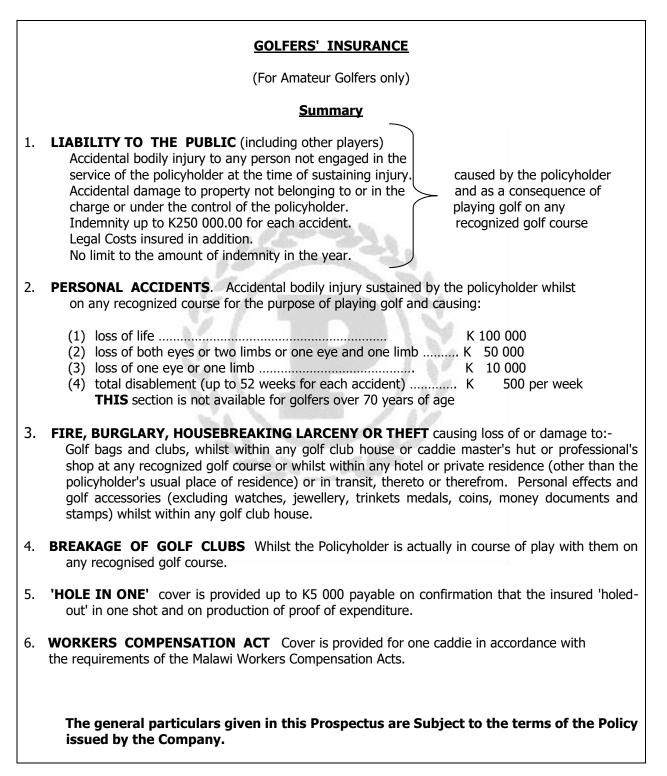
The insurance will not be in force until the proposal has been accepted by Nico General Insurance Company Ltd. and the premium paid the proposer.





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