



Account Opening Application Form

1. (a) FULL BUSINESS NAME
- (b) BUSINESS LOCATION
- (c) P. O. BOX
- (d) TELEPHONE
- (e) EMAIL ADDRESS
- (f) KENYA ORIENT BRANCH YOU WISH TO TRADE WITH.....

2. NAME/S OF PARTNER/S OR SHARE HOLDER/S

- a)
- b)
- c)

3. DO YOU DO ANY OTHER BUSINESS BESIDES INSURANCE? YES NO

IF "YES" STATE THE BUSINESS

4. DO YOU NOW OR HAVE YOU IN THE PAST REPRESENTED ANY OTHER INSURANCE COMPANY OR ORGANIZATION? IF SO STATE:

NAME	DATES	REASON FOR TERMINATION
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- (i)
- (ii)
- (iii)
- (iv)

5. NAME (S) OF MEMBER (S) OF YOUR STAFF WHO WILL BE RESPONSIBLE FOR INSURANCE MATTERS IN YOUR ORGANIZATION.....

a) DO THEY HAVE PREVIOUS INSURANCE EXPERIENCE? YES/NO

b) IF "YES" PLEASE SPECIFY THE EXPERIENCE AND QUALIFICATION OF EACH SEPARATELY



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6. (a) IN WHICH AREA (S) OF KENYA DO YOU WISH TO OPERATE?

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(b) IN WHICH OTHER COUNTRIES DO YOU HAVE OPERATIONS OR BUSINESS?

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7. (a) HOW MUCH PREMIUM INCOME HAVE YOU PRODUCED IN THE LAST THREE YEARS?

	20.....	20.....	20.....
i. FIRE:			
ii. ACCIDENT:			
iii. BURGLARY:			
iv. MOTOR:			
v. MARINE:			
vi. OTHER (SPECIFY)			

(b) HOW MUCH CAN YOU PRODUCE FOR KENYA ORIENT INSURANCE LIMITED IN:

	12 MONTHS KSHS.	SUBSEQUENTLY PER YEAR KSHS.
i. FIRE:		
ii. ACCIDENT:		
iii. BURGLARY:		
iv. MOTOR:		
v. MARINE:		
vi. OTHER (SPECIFY)		



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8. GIVE YOUR BANK DETAILS BELOW:

- i. BANK NAME
- ii. ACCOUNT NAME
- iii. BANK BRANCH.....
- iv. BANK ACCOUNT NO.....

9. PLEASE GIVE THE NAMES, DESIGNATIONS AND ADDRESSES OF TWO REFEREES FROM THE INSURANCE INDUSTRY (NOT RELATED TO YOU) TO WHOM REFERENCE CAN BE MADE.

- i. NAME
- COMPANY
- DESIGNATION
- ADDRESS.....TEL.
- ii. NAME
- COMPANY
- DESIGNATION
- ADDRESS.....TEL.



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10. DECLARATION :

I / we hereby declare the particulars given above are true and complete and that if this application is approved by KENYA ORIENT INSURANCE LIMITED, I / we will accept an appointment as Agent (s) subject to a formal contract used by Kenya Orient Insurance Limited.

SIGNED:

DATE:

NAME AND DESIGNATION: (e.g. Partner, Director and Manager)

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COMPANY RUBBER STAMP / SEAL

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PLEASE PROVIDE THE FOLLOWING MANDATORY DOCUMENTS ALONG WITH THE APPLICATION FORM:

- COPY OF THE CERTIFICATE OF REGISTRATION OR INCORPORATION.
- COPY OF THE CURRENT IRA LICENSE.
- COPY OF COMPANY PIN/ PRINCIPAL OFFICER'S PIN
- COPY OF THE PRINCIPAL OFFICERS NATIONAL ID.
- COPY OF THE PRINCIPAL OFFICERS CERTIFICATE OF INSURANCE PROFICIENCY