



SMILE LIFE INSURANCE COMPANY LIMITED

P.O. BOX 1374, Blantyre, Malawi

NAME OF SCHEME:

APPLICATION FOR MEMBERSHIP Membership No.

(to be inserted by Smile Life Insurance Company Limited)

SECTION A. (TO BE COMPLETED BY THE EMPLOYEE WHEN ELIGIBLE)

NAME OF EMPLOYER:

EMPLOYEE'S NAME IN FULL:

(IN BLOCK LETTERS)

I, the undersigned hereby apply for admission for membership of the above mentioned Scheme. I agree to be bound by the provision of the said Scheme in force from time to time. I further agree to submit my Birth or Baptismal Certificate to **Smile Life Insurance Company Limited, Blantyre**, as evidence of my date of birth, or should neither of these Certificates be available to me, such other evidence as may be required by the said Insurance Company.

Dated this:day of20

Name of witness:

Address:
.....

Signature of Witness

Name of Employee

Address:
.....

Signature Employee

SECTION B. (TO BE COMPLETED BY THE EMPLOYER)

DETAILS RELATING TO EMPLOYEE

(a) Name of Employee:

(b) Sex:

(c) Date of Birth:

(d) Occupation:

(e) Date of Appointment:

(f) Date of entry into Scheme:

(g) Salary per annum on **Date of Entry into Scheme**:

EVIDENCE OF AGE

(a) Attached or to follow (please indicate):

(b) Nature of Evidence (please indicate):

THE "DATE OF ENTRY INTO SCHEME" MUST BE THE FIRST DAY OF THE MONTH COINCIDENT WITH OR NEXT FOLLOWING THE DATE OF COMPLETION OF THE ELIGIBILITY REQUIREMENTS. I FURTHER CONFIRM THAT THE ABOVE NAMED WAS AT WORK ON DATE OF ENTRY.

.....
Signature of Employer



SMILE LIFE INSURANCE COMPANY LIMITED

P.O. BOX 1374, Blantyre, Malawi

To: The Grantees

Dear Sirs,

SCHEME

I understand that under the Rules of the Scheme the amount which will be payable in the event of my death whilst in the service of the Company may be paid by the Grantees.

- (1) to my dependants, as defined in the Group Life Policy, in such manner and in such shares as the grantees shall in their absolute discretion decide, OR
- (2) to my personal representatives, if I have no Dependants.

While I understand that the Grantees' discretion, if exercised, will be unfettered, I should like to record my wish that such amount should be paid to such of the following as are living at my death. (if more than one, in the proportions indicated against the name of each nominee).

Name in Full	Address	Relationship (if any)	Date of Birth	Proportion benefit payable
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This letter supersedes any earlier information on the same subject which may be in your possession.

Yours faithfully,

Dated thisday of20