FIRST ASSURANCE COMPANY LTD

Head Office: Peugeot House, Office No.2, Ground Floor, Upanga Road, P.O Box 5799, Dar es salaam, Tanzania. Tel: (+255) 022 2122130/1, Cell: 0767 818101/838343; 0788549292, 0783543939 Email: enquiries@firstassurance.co.tz Website: www.firstassurance.co.tz

## PROPOSAL FORM FOR FIDELITY GUARANTEE INSURANCE

(Any information obtained as a result of inquiries made in connection with this application will be regarded as strictly confidential and no reasons will be given for any decision made in connection therewith.)

1 Name of Applicant in full (if married woman	
1. Name of Applicant in full (if married woman,	
state also maiden name)	
Address and Postal Code	
Age years	
2. Full Name, Address and business of Employer	
by whom the guarantee is required	
3. Amount of Guarantee	
4. Duties in respect of which the Guarantee is	
required	
5. Salary or other remuneration and deductions	
(if any) therefrom	
6. Have you ever applied for a Guarantee to	
this or any other company	
If so, state the name of the Company, the date	
of the application and whether it was accepted	
or declined	
7 (a) Are you simple or married 2	
7. (a) Are you single or married ?	
(b) How many children do have you?	
(c) Are any persons dependant upon you?	
If so, give particulars	
8. State the nature and amount of your debts, or	
of any liabilities you are under	
9. Were you ever Bankrupt or Insolvent?	
Did you ever compound with your creditors?	
If so, state in what year, and what	
arrangement was made, and whether an	
immediate discharge was granted	
10. Have you any means of support in addition	
to the remuneration from the employment for	
which this guarantee is required? If so, state	
particulars and probable amount	
11. Are you a Householder?	
12. How long have you lived at your present	
residence?	
residences	



Head Office: Peugeot House, Office No.2, Ground Floor, Upanga Road, P.O Box 5799, Dar es salaam, Tanzania. Tel: (+255) 022 2122130/1, Cell: 0767 818101/838343; 0788549292, 0783543939 Email: enquiries@firstassurance.co.tz Website: www.firstassurance.co.tz

If less than 12months, please	state last permanent			
address				
13. Does the furniture belong to you, and what				
do you estimate to be its value?				
14. Is your life insured? If so, for how much, and				
with what company or companies?				
Give the names and addresses of two persons of two persons who are householders and not related to				
you but who have known you intimately in private life to whom the company may refer if necessary.				
(previous employers should not be named as Referees):-				
Name	Full postal address	1	Profession or occupation	
16. Give details of all your business activities (including periods of unemployment) during the last five				
years, showing names and address of all your employers:-				
	Name and Full	Capacity in which	Why did you leave	
	Postal Address	Employed and		
		check No if any		

I hereby request First Assurance Company Limited to guarantee my fidelity in accordance with the above particulars which I declare to be true.

Date \_\_\_\_\_

Signature \_\_\_\_\_

## Agent's Declaration

I have known the Applicant for \_\_\_\_\_\_ years. To the best of my knowledge and belief, the applicant is, in all respects, trustworthy, and I recommend the acceptance of the application.

Signature of Agent \_\_\_\_\_