



Capital

LIFE INSURANCE

CAPITAL CONSUMER LOAN PROTECTION: PROPOSAL FORM

(TO BE COMPLETED FOR LOANS ABOVE K45,000)

Name of Insured:.....

Must be the same as the person named in the Loan Contract as the Borrower

Postal Address:.....

Amount Borrowed:.....

Monthly Repayment:.....

Loan Term:.....months from/...../..... to/...../.....

Contract Number:.....

Have you been to a Doctor or medical facility in the last 12 months?

.....If "Yes", Why?.....

Signature...../...../.....

Capital Life Insurance Company Ltd. Is a member of Capital Insurance Group.

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