



ASSEMBLE INSURANCE CORPORATE APPLICATION FORM

PLEASE COMPLETE IN BLOCK LETTERS					
1	Company Details				
	Company Name				
	Postal Address				
	Physical Address				
	Telephone No.				
2	Business Particulars				
	a.	Type			
	b.	Business License No.			
	c.	TIN No.			
3	Number of people to be insured				
	Number of Staff			Number of Dependents	
4	Number of people to be insured				
			YES	NO	
	a.	Gold			
	b.	Silver			
	c.	Bronze			
	d.	Other			
	TOTAL				
	Tick on cover required				
5	Commencement date:				
	Date		Month		Year

6	Business Particulars	
	a.	Name
	b.	Position
	c.	Phone No
7	Number of people to be insured	
	(a) What is the Source of Funds for Premium Payment (Please tick as applicable)	
	<input type="checkbox"/> Salary <input type="checkbox"/> Business Income <input type="checkbox"/> Investment Returns <input type="checkbox"/> Gift/Inheritance <input type="checkbox"/> Other	
	(a) If Other, please specify here <input type="text"/>	
	(a) Are you or any of the Listed member listed in this Corporate a Politically Exposed Person (Please tick as applicable)	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If Yes, please attach the list of names.	
Declaration and Authorization		
<p>I/We hereby apply for Assemble Insurance Policy to cover our current staff/or family.</p> <p>I/We hereby understand and agree that the cover provided is as for final and agreed quotations.</p> <p>I/We declare that to the best of my knowledge and belief that all the employees who shall be covered under this policy are in good health.</p> <p>I/We declare that to the best of our/my knowledge and belief the above information and the information supplied in respect of our members/me and family, is true and complete.</p> <p>We/I understand and agree that no cover will be provided under the proposed insurance policy until the appropriate premium has been paid in full to Assemble Insurance Tanzania Limited.</p> <p>I hereby declare that the funds used for the payment of premiums and any other financial transactions related to this application are not derived from any illegal activities. I understand and acknowledge that Assemble Insurance is required to comply with Anti-Money Laundering (AML) regulations and may request additional information or documentation to verify the source of funds. I further consent Assemble Insurance to conduct due diligence checks, including identity verification and transaction monitoring, as required by applicable laws and regulations.</p> <p>We/I understand and agree that Assemble Insurance complies to all applicable laws relating to data protection and privacy including the data protection Act of Tanzania. I understand and agree that Assemble Insurance shall Implement appropriate technical and organization measures to protect personal data against unauthorized or unlawful processing, accidental loss, destruction or damage. I understand and agree that in the event of data breach, Assemble Insurance will notify the policy holder within 24hrs of becoming aware of the breach and provide a detailed incident report within 72hrs.</p> <p>Name of Company Official:Date.....</p> <p>Designation:Signature:</p> <p>Company Stamp:</p> <p>Witnessed by.....(Agency/Broker/ Assemble employee)</p>		