

UNIVERSITY OF NAIROBI
APPLICATION FOR INSURANCE RELIEF

Name:

Department:

Payroll Number:

I hereby lodge my insurance relief claim for year

Type of Insurance Cover:

Policy number:

Sum Assured Ksh:

Insurance Company:

Commencement date of insurance cover:

Maturity Date:

Declaration:

I certify that the information given above is true and correct.

Signature: Date:

Document to attach

Certificate from the Insurance Company duly signed and stamped