

**A. Personal details:**

Name:	<input type="text"/>	Your Date of Birth:	<input type="text"/>
Contact Address:	<input type="text"/>	Home Address:	<input type="text"/>
Mobile No:	<input type="text"/>	Other contact No:	<input type="text"/>
Email Address:	<input type="text"/>		
Your Occupation:	<input type="text"/>	Your Position:	<input type="text"/>

**B. About Your Building**

Are your buildings occupied solely for residential purposes?  Yes  No

Is any business or trade carried out in your buildings?  Yes  No

Give details of the construction of your buildings

No. of Floors  No. of Rooms  Walls  Roof

Will your premises be occupied always?  Yes  No

Is there any other insurance on your buildings?  Yes  No

Is your building subject to a mortgage loan?  Yes  No

How long have you stayed in or owned the house?

Do you have burglarproof installed on your windows?  Yes  No

Has your house ever been flooded?  Yes  No

a. If yes how many times in last 3 years?

Has there been a theft case in your house before?  Yes  No

a. If yes how many times in last 3 years?

Has there been fire in your house before?  Yes  No

a. If yes how many times in last 3 years?

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### C. About your insurance

Select the insurance package you need

- Sound home- Tenant (Content, Public Liability- GHs2.000.00, Personal Accident insured person (Ghs5000), a spouse (GHs5000) and four children (GHs2500 each))
- Sound home- Home owners (Building, Content, Public Liability- GHc2.000.00, Personal Accident insurance person (GHc5000), a spouse (GHc5000) and four children (GHc2500 each))
- Sound home- Building Building, Loss Of Rent – Sum insured is Ghc5,000.00)

If buildings insurance is required, what is the current building cost? GHc

If buildings insurance is required, how much cover do you need? GHc

*All answers and statements are promissory and shall form the basis of the content*

# BANCASSURANCE SOUND HOME

## DEBIT AUTHORISATION

Please debit my Account No:  At  Branch with

an amount of (in words):

(Amount in figures )Gh¢  being premium for the above insurance request.

**Declaration :** I declare that the statement and the particulars given in this application are to the best of my knowledge and belief, true and that I agree they shall be the basis of the contract

The insurance policy will be delivered via Email. In case, the insured doesn't have any e-mail address the Insurance Company will deliver to Societe Generale branch of the insured.

Insured's Signature: \_\_\_\_\_ Date:

### For Bank Use Only

(Please scan and email this Form to Retail Administration. Keep copy at branch and send the original to Retail Administration)

Branch:

Application Accepted? :  Yes  No

Name of URO:  Signature: \_\_\_\_\_ Date:

Name of Manager:  Signature: \_\_\_\_\_ Date:

We confirm Customer has been debited with the premium as indicated in the debit authorisation above.

**Retail Administration:** *(Keep copy at Department and send the original to Allianz)*

Name of Officer:  Signature: \_\_\_\_\_ Date:

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**For Allianz Use Only**

Policy Accepted? :  Yes  No

Name of Officer:  Signature: \_\_\_\_\_ Date: