SIC LIFE COMPANY LIMITED
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APPLICATION FOR POLICY LOAN

Policyholder's Name……. Policy No:……

Address:…….Mobile No:……

Policy Type:……Commencement Date:….....Sum Assured……..
Premium:……Loan required……. Date……..

Deduction Source:.....Staff ID/Payroll/Account no.: .....

ID Type……ID Number……Email:……

Modes of payment: **Bank ☐ Chit/Token (SMS) ☐ Mobile Money ☐ MobileNetwork……..**

Name of Bank: ..... Branch: .....

Account name: …….

Account number:

Mobile Money Number and Name……....

Applicant's Signature / Thump Print……Time……

(LOAN AMOUNT SHALL NOT EXCEED POLICY LOAN VALUE AS DETERMINED BY THE COMPANY)

NOTE TO THE POLICYHOLDER

A policy shall be considered for a loan only when it has attained the loan qualifying period and also has loan value
The completed loan application form should be submitted together with the policy document(s), a copy of current payslip and repayment authorisation where applicable.
Loan application shall be considered only if there is no outstanding loan or outstanding premium on the policy/ies
Loan granted plus interest shall be recovered over a maximum period of 12 months

FOR OFFICIAL USE ONLY

CUSTOMER SERVICE USE: claim eligibility checked: Yes ☐ No ☐

Attended by: ……. Date……

Policy Status/Paid-to-date……. Total Loan……..Cash Value GH¢……

Repayment period…….. Approved by……