



STUDENTS SCHOOL FEES INSURANCE SCHEME FORM

Name of Assured (Parent/Guardian/Sponsor)

Name of Beneficiary (Student)

Date of Birth (Parent/Guardian/Sponsor)

Sex

Current Level

Next of Kin

Address (Parent/Guardian/Sponsor)

Telephone

Occupation

Means of Identification:

Int'l Passport National ID Drivers Licence

Means of Identification No.

Amount of Student's School Fees

Signature of Parent

Date

*Please attach a passport and photocopy of ID of Parent/Guardian/Sponsor