



# Direct Sales Account Application Form

**1** Full Business Name | .....

**2** P.O. BOX | .....

**3** Telephone | .....

**4** Email Address | .....

**5** Kenya Orient branch you wish to trade with | .....

**6** Do you do any other business besides insurance? | ..... YES  | NO

If 'YES' state the business | .....

**7** Do you now or have you in the past represented any other insurance company or organization? | .....

If so state: |

Name	Dates	Reasons for Termination

**8** In which area (s) of Kenya do you wish to operate? | .....

**9** How much premium income have you produced in the last three years? |

Fire			
Accident			
Burglary			
Motor			
Marine			
Other (Specify)			

**10** How much can you produce for Kenya Orient Insurance Limited in? |

	12 Months Kshs.	Subsequently Per Year Kshs.
Fire		
Accident		
Burglary		
Motor		
Marine		
Other (Specify)		

**11** Give Your Bank Details Below? |

Bank Name	
Account Name	
Bank Branch	
Bank Account No.	
Marine	
Other (Specify)	

Please give the names, designations and addresses of two referees (not related to you) to whom reference can be made

	Referee 1	Referee 2
Name		
Company		
Designation		
Address		
Telephone		

**12** DECLARATION |

I / we hereby declare the particulars given above are true and complete and that if this application is approved by KENYA ORIENT INSURANCE LIMITED, I / we will accept an appointment as Direct Sales Agent (s) subject to a formal contract used by Kenya Orient Insurance Limited.

SIGNED | .....

DATE | .....

Name & Designation - (e.g. Partner, Director, Manager) | .....

Company Rubber Stamp / Seal