

Customer E-Portal Form



LIBERTY

LIFE INVESTMENTS HEALTH CORPORATE PROPERTIES ADVICE

Liberty Life Assurance Kenya Limited
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www.libertylife.co.ke

To be completed by the customer. Please use block letters to complete the form as completely and accurately as possible.

PERSONAL INFORMATION

Title Mr. Mrs. Miss. Prof. Hon. Dr. Other

Name

Middle name

Surname

Gender Female Male

Kindly register me for: Mobile Services Internet Services

Registration Details

ID No / Passport No. PIN No.

Email

Mobile No.

The policies I have with Liberty Life are:

Pension Policy Individual Life Policy

Policy Number

Signature Date

FOR OFFICIAL USE ONLY

To be Completed by Liberty Life Officer

Received By: (Name) (Signature) (Date)

Approved By: (Name) (Signature) (Date)

Validated By: (Name) (Signature) (Date)