

MAYFAIR INSURANCE COMPANY RWANDA LIMITED

Kigali Heights, Ground Floor
KG 7 AVE, Kigali, Rwanda
P.O Box 1380 Kigali, Rwanda
Tel: +250 788 381 844
Email: info@mayfair.co.rw



APPLICATION FORM

- Please answer ALL questions fully. If there is insufficient space, please provide details on your letterhead

DETAILS				
1. Name(s) of all entities to be Insured:				
Address of the Applicant Head Office:				
2. Complete below the values by Location. If more than 4 locations please provide in XLS format.				
<u>Location</u>	<u>Zone/</u>	<u>Occupancy</u>	Values: FRW Property Damage	Business Interruption
SECURITY				
3. Distance(s) from nearest Police or Army Post?				

DECLARATION

I/We am/are authorised to complete this Application Form on behalf of all parties entitled to coverage under this Insurance.

Signed:

Capacity: MANAGER Company

Date:

A copy of this Application Form should be retained for your own records.