



UAP OLD MUTUAL LIFE ASSURANCE UGANDA LIMITED

Nakawa Business Park, Plot 3-5 New Port Bell Road, P.O. Box 70981 Kampala, Uganda
Toll Free: 0800132700 Email: careulc@uap-group.com Website: www.oldmutual.com

GROUP PROPOSAL FORM

Name of the Organization :

Postal Address :

Physical Address :
.....

Email Address :
.....

Telephone Number :
.....

Country of Origin :
.....

Contact Person :
.....

Designation of Contact person :
.....

Organization's Nature of Business :
.....

Product Being Provided :
.....

Registration Number. (Please attach a copy of registration document) :
.....

TIN Number :
.....

Nature of Business of entity :
.....

Directors' Names :
(Attach a Memorandum of understanding/ Annual Returns)
.....

Attach the National ID/ Passports of Directors :
.....



Declaration:

I _____ declare that all the information provided on this form is complete and true to the best of my knowledge and belief.

Signed on this _____ day of _____ 202.....

Signature & Stamp of Authorized Official: _____

Signature of Witness: _____