

AGENTS PREMIUM ADVANCE FORM

PRIVACY NOTICE

By completing this form, you will have provided NCBA Insurance Company Limited (NCBA Insurance) with your Personal Data. Personal Data is any information that identifies you or other individuals named in this form. Please note that you should only provide Personal Data about someone else to us with the individual's express permission. NCBA Insurance will, in adherence to the principles of data protection, collect, store, use, transfer (including cross-border), and disclose certain Personal Data in connection with the provision of insurance services. You have a right to be informed of the use to which your Personal Data is to be put; a right to access your Personal Data in our custody and to request us transfer it to another organization; a right to object to the processing of all or part of your Personal Data; a right not to be subject to a decision based solely on automated processing; a right to correction of false or misleading data; and to deletion of false or misleading data about you. Detailed information about how we use Personal Data is set out in our Privacy Policy, which you can find at <https://ke.ncbagroup.com/privacy-policy/>.

AGENT DETAILS

I kindly request to be advanced the amount indicated below being insurance premium. The same should be recovered from my commission as per details below:

AGENCY NAME

AGENT NAME

TRANSACTION CODE NO.

POLICY NO

PREMIUM AMOUNT(KES)

NO OF DEDUCTIONS

AGENT SIGNATURE

DISTRIBUTION & MARKETING DEPARTMENT

Signature: _____ Date: _____

FINANCE DEPARTMENT APPROVAL

Payment of premium to NCBA Insurance Co. Ltd Kenya approved

Signature: _____ Date: _____

NCBA Insurance Co. Ltd Kenya Cheque No. _____ Cheque date: _____

CONSENT AND DECLARATION

Privacy Consent

Where you have shared sensitive personal information, including your health status, property details, and family details, we require your explicit consent for cross-border transfer. By ticking the box below, you consent to the international transfer of the sensitive personal information for policy management, claims processing, and customer support. Your data will be protected under appropriate safeguards, and you may withdraw your consent at any time by contacting ncbainsurance@ncbagroup.com.

I consent

I do not consent

Name:

Signature:

Date:

(If Corporate)

Name:

Designation:

Company Stamp;

NCBA Insurance Company Limited is regulated by the Insurance Regulatory Authority