



Head office:-
Plot 1 Bombo Road - SURE HOUSE
P.O. Box 933 Tel: 0414-345996, 0312-262119, Fax:041-4343403 Kampala, Uganda.
Email: swico@swico.co.ug : swico@infocom.co.ug Website: www.swico.co.ug

AGENCY

PROPOSAL NO

POLICY NO

PROPOSAL FOR WORKERS 'COMPENSATION INSURANCE

Proposer's Name in Full..... Please

Proposer's Business Address Use

Proposer's Trade or Occupation..... Block

Particulars of Work Letters

I/We, the undersigned, thisDay ofdesire to effect insurance in items of the policy to be issued by the company under the workers' Compensation Act 2000 or any statutory modification or re-enactment thereof for the time being in force. I/We agree to keep a proper wages book and to tender, at the end of each period of Insurance, a statement to the Company of all wages paid and to pay premium on any wages paid in excess of the amounts estimated herein. I/We hereby agree that all statements and particulars which I/We have read over and checked are true and that I/We have not suppressed, misrepresented or misstated any material fact that I/We have fairly estimated my/our total wages and salaries expenditure and that I/We agree that this declaration shall be the basis of the contract between me/us and the Statewide Insurance Company Limited.

Date.....

Proposer's Signature.....

All questions on Page 2 must be answered fully.

Dashes Or Ticks Are Insufficient.

