



Scholars Personal Accident Scheme Supporting Child Friendly Schools

Name of school.....

Address.....

Telephone number (s)..... Email address.....

Name of school Head / Deputy Head..... Contact number Cellphone).....

Cover type.....

(refer to the table of benefits and premiums overleaf)

Number of students

Number of teachers

Number of non teaching staff

Premium payable all Students

Premium payable Teaching staff

Premium payable non-teaching staff

Total premium payable

I/We also certify that the above statements in support of my/our application are true and complete, and understand that in the event of any information proving to be inaccurate, this application may be declined.

Authorised Signatory

Authorised Signatory.....

Name.....

Name.....

*Required – Register of students on cover