NICO General

NICO GENERAL INSURANCE COMPANY LIMITED
P.O. BOX 2592, BLANTYRE
MALAWI

WORKERS' COMPENSATION INSURANCE

PROPOSAL FORM

1. Name of Proposer: .....

2. Address: .....

3. The business: .....

4. Period of Insurance: From: ..... To: .....

5. Schedule of Employees to be covered :

Occupation	Estimated Number	Estimated Annual Wages and Salaries and Other Earnings

6. **Date/Stamp ..... Signature**