

**COVER NOTE**

The proposer, named in the Schedule, having proposed to **TAKAFUL INSURANCE OF AFRICA LTD** for insurance in respect of **GROUP PERSONAL ACCIDENT POLICY** is hereby held covered on the agreed terms and conditions against the risks described in the schedule for the period shown: -

| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: AARON POGHISHO<br/>ADM NO: DBTE/020J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: AASHO SAID KUNE<br/>ADM NO: DME/0252/2021</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ABDALLA OMAR BAJILA<br/>ADM NO: DCEN/0017/2021</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ABDIALIM OMAR MAHAT<br/>ADM NO: Dpt/248j/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ABDIFATAH IBRAHIM NUH<br/>ADM NO: DME/0250/2021</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ABDILATIF HASHASH HAJI<br/>ADM NO: DBCE/0603/2021</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ABDU HAKIMU MOHAMED<br/>ADM NO: BTMA/192J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ABDULKADER KHALID HADI<br/>ADM NO: DCEN/0015/2021</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ABDULLAHI YUSSUF HAJI<br/>ADM NO: DME/0251/2021</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ABRAHAM KIRIMI KIMATHI<br/>ADM NO: BTMA/160J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ABRAHAM O OTHIENO<br/>ADM NO: BTMA/179J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ABUBAKAR LINDIE<br/>ADM NO: BSTM/739J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ABUBAKAR OSMAN ABUBAKAR<br/>ADM NO: DICT/0544/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ACHIENG ERCA<br/>ADM NO: DRAC/230J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ACHIYA O. FRANKLINE<br/>ADM NO: BSTM/789J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ACHUO ALLIAN ACHIENG'<br/>ADM NO: DCS/099J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ADAH HOPE<br/>ADM NO: BSTM/777J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ADHIAMBO BERNICE ALOO<br/>ADM NO: DAE/197J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



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**AUTHORISED OFFICER**

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ADHIAMBO LOREEN OUMA<br/>ADM NO: DIMB/245J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: AFLYNE ATIENO ODHIAMBO<br/>ADM NO: DCEN/079J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: AGNES AGOLA<br/>ADM NO: BTCE/296J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: AGNES WAIRIMU MUMBI<br/>ADM NO: DHRM/0532/2022</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: AHMED MOHAMED ABDI<br/>ADM NO: DBM/0619/2022</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: AIDARUS SWALEH ABDULRAHMAN<br/>ADM NO: DBCE/0596/2021</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



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AUTHORISED OFFICER**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: AISHA AMIR ABDALLAH<br/>ADM NO: DARC/0174/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: AJIAMBO HARRIET FLORENCE<br/>ADM NO: BMLS/289J/2019</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: AKINYI MILLICENT OKWACHA<br/>ADM NO: DHRM/431J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ALARO GORDON GALVIN<br/>ADM NO: DICT/424J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ALI PORIOT<br/>ADM NO: BSTM/741J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ALI UMURU BAKAR<br/>ADM NO: DSLT/0054/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Funeral Expenses            | -Kshs 20,000   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Private tuition             | - Kshs 5,000   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



**For: TAKAFUL INSURANCE OF AFRICA  
AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ALLAN ISABOKE MAINA<br/>ADM NO: BTMA/189J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ALLAN MURIUKI GATHIGIA<br/>ADM NO: DME/236J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ALVIN OCHIENG OWINO<br/>ADM NO: DBCE/0579/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ALYWIN ALYMER KISIAVUKI<br/>ADM NO: DTEE/0608/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: AMADI GEOFFREY<br/>ADM NO: BSCE/340J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: AMANI ISAAC MENZA<br/>ADM NO: BTMA/161J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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**For: TAKAFUL INSURANCE OF AFRICA  
AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: AMAR ONALI EBRAHIM<br/>ADM NO: DCEN/0021/2021</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: AMAYOKA DAISY<br/>ADM NO: BSTM/765J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: AMOS FRANCIS KALUME<br/>ADM NO: DCEN/0027/2021</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ANASTANCIA MGHOI MGHANGA<br/>ADM NO: DBCE/0589/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ANASTESIA MASIKA NYALE<br/>ADM NO: DACC/0510/2022</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ANNA KOLITE MICHAEL<br/>ADM NO: DPMM/1145/2022</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ANTHONY KIPRONO LANGAT<br/>ADM NO: DMEN/0279/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ANTHONY MVIA KIMANTHI<br/>ADM NO: DTM/0156/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ANTHONY WASONGA AJUS<br/>ADM NO: BTME/255J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ANTONY ANGWENYI PETER<br/>ADM NO: BSCE/344J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ANTONY KALAMA WASHE<br/>ADM NO: DMEN/0300/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ANTONY KITHINJI<br/>ADM NO: DTEE/450J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ANTONY MATHENGE KINYUA<br/>ADM NO: DHIM/0310/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



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**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ANWAR OMAR TOLOL<br/>ADM NO: DARC/0137/2019</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ANYOLE GLORIAN<br/>ADM NO: BSTM/768J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: APWACHO PETER<br/>ADM NO: BTME/244J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ARICHA MAGOMA NAOMY<br/>ADM NO: DQS/168J/2019</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ARMSTRONG KIVERE KOMBE<br/>ADM NO: DHRM/0534/2022</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ARUSEI KIPLAGAT KELVIN<br/>ADM NO: BTCE/320J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



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AUTHORISED OFFICER**



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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ASHA ALI<br/>ADM NO: DSLT/247J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ATIENO FAITH ONDILI<br/>ADM NO: DME/224J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: AURELIA JEBAIBAI MARAKIS<br/>ADM NO: DTME/163J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: AVOGA BILL<br/>ADM NO: DTM/632J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: AWINO LAVIN OGODO<br/>ADM NO: DRAC/233J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: AWUOR NICOLE BARBARA<br/>ADM NO: DQS/206J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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**AUTHORISED OFFICER**

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: BAARIU JURGEN MUTHOMI<br/>ADM NO: DBCE/249J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: BANTY AGGREY<br/>ADM NO: DARC/343J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: BARASA BENJAMIN SIMIYU<br/>ADM NO: DBCE/243J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: BASIL ODHIAMBO<br/>ADM NO: BTME/252J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: BAYA SAMUEL DANIEL<br/>ADM NO: DICT/339J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: BEATRICE KUVUNA MWAGONA<br/>ADM NO: BMLS/0127/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Funeral Expenses            | -Kshs 20,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: BEDI EMMACULATE MUNJELESE<br/>ADM NO: DCEN/037J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: BEN ONYANGO OGOLA<br/>ADM NO: BSFO/0005/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: BENARD DANIEL SIMBA<br/>ADM NO: DICT/360J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: BENARD OGWEDHI<br/>ADM NO: DICT/423J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: BENARD OMONDI ONYANGO<br/>ADM NO: DAE/0071/2021</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: BENEDICT MUTHIANI<br/>ADM NO: DTEE/530J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: BENEDICT NZIOKI KYENGO<br/>ADM NO: BTME/0145/2021</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



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**AUTHORISED OFFICER**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: BENNY HINN OCHI<br/>ADM NO: DBTE/048J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: BENSON MBURU NJOROGE<br/>ADM NO: DSM/0110/2022</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: BILLY YAA MARAI<br/>ADM NO: DTEE/0588/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: BIRYA EMMANUEL NYALE<br/>ADM NO: DTEE/401J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: BIWOT VICTOR KIPCHUMBA<br/>ADM NO: DTM/673J/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: BLAISE M. ODHIAMBO<br/>ADM NO: DCE/111J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Funeral Expenses            | -Kshs 20,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: BONFACE GEDION MUNYOKI<br/>ADM NO: BSCE/315J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: BRENDA DAMA KALAMA<br/>ADM NO: DTEE/0606/2021</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: BRGID AREMAN AREMAN<br/>ADM NO: DICT/378J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: BRIAN NGOTE<br/>ADM NO: BTHM/158J/2017</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: BRIAN KIPLANGAT CHERUIYOT<br/>ADM NO: DCS/047J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: BRIAN MIRONGA OMWOYO<br/>ADM NO: DCEN/065J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: BRIAN MURETI MWENDA<br/>ADM NO: BSCE/320J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: BRIAN OUNDO OKHATO<br/>ADM NO: DBTE/029J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: BRUCE ODIWUOR NYAKANGO<br/>ADM NO: DCEN/072J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: BRUNO SAVERIO RUBI<br/>ADM NO: DARC/0181/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: CALEB KIPLANGAT KOECH<br/>ADM NO: DME/206J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: CARREN KADZO MUMBA<br/>ADM NO: DSLT/216J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: CAXTON MWANGANGI SYENGO<br/>ADM NO: DME/169J/2019</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: CHADZUMBE OMARI MWATAYARI<br/>ADM NO: DACC/0492/2021</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: CHARLES KIAMBA MUTAVA<br/>ADM NO: BTME/235J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: CHARO PATRICK MENZA<br/>ADM NO: DPMM/583J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: CHEBET FAITH<br/>ADM NO: DCS/049J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: CHEBET MERCY CHEROP<br/>ADM NO: BTMA/104J/2018</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Funeral Expenses            | -Kshs 20,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: CHEGE AZAN KIMEMIA<br/>ADM NO: DAE/168J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: CHELANGAT VICKY<br/>ADM NO: DIMB/222J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Permanent Total Disablement | - Kshs. 100,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: CHELIMO MERCY<br/>ADM NO: BSTM/757J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: CHEPCHUMBA MARION PKOPUS<br/>ADM NO: BMLS/325J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: CHEPKEMOI CHERUS<br/>ADM NO: DHIM/0311/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: CHEPKEMOI IVYNE<br/>ADM NO: DMAE/0130/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: CHEPKEMOI EMMACULATE<br/>ADM NO: DCS/048J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



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**AUTHORISED OFFICER**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: CHEPKIRWOK KANGOGO KELVIN<br/>ADM NO: DACC/304j/2019</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: CHEPKWONY DENNIS KIPRUTO<br/>ADM NO: BSCE/334J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: CHEROTICH SHARON<br/>ADM NO: BTMD/126J/2018</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: CHERUIYOT EMANUEL<br/>ADM NO: DME/243J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: CHIPITU CHAI WATO<br/>ADM NO: BTCE/0110/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: CHOMBA JAMLECK KINYUA<br/>ADM NO: DIMB/213J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**



**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: CHRIS JAMWELS<br/>ADM NO: BTME/256J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: CHRISPUS MAINA<br/>ADM NO: BTMA/162J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: CHRISPUS NGAMBA DZOMBO<br/>ADM NO: DICT/0602/2021</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: CHRISTINE AKINYI OBUDHO<br/>ADM NO: DICT/456J/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: CHRISTINE MBEYU MWAMUYE<br/>ADM NO: DICT/0564/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: CHRISTOPHER CHIGUNDA GAMBO<br/>ADM NO: DPMM/1124/2021</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: CIRI FAITH WANJIRA<br/>ADM NO: DTM/612J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: CLARIS BAHATI KITSAO<br/>ADM NO: DPMM/1143/2022</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: CLEMENTINE SHIBOKO KASIDI<br/>ADM NO: DSM/0109/2022</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: CLYDE A KIRADI<br/>ADM NO: BTCE/293J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: COLLINS KIPCHUMBA<br/>ADM NO: DTEE/0605/2021</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: COLLINS KIPKIRUI ROTICH<br/>ADM NO: DICT/383J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: COLLINS MUNENE GITOBU<br/>ADM NO: DARC/0164/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: COLLINS MUTUMA WAGA<br/>ADM NO: DARC/0171/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: COLLINS ODHIAMBO OCHIENG<br/>ADM NO: DMEN/169J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: COSMAS KIPLANGAT KURGAT<br/>ADM NO: DPMM/382J/2019</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: CYNTHIA JANE AKOTH<br/>ADM NO: DBCE/0597/2021</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: CYPRIAN WEKESA WASIKE<br/>ADM NO: BTMD/232J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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AUTHORISED OFFICER**

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: DALMAS MAJIBU MAZERA<br/>ADM NO: DCEN/0019/2021</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: DANIEL MDACHI MGHENDI<br/>ADM NO: BSTM/720J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: DANIEL MUMO NDOLO<br/>ADM NO: DQS/0073/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: DANIEL OTIENO ADHIAMBO<br/>ADM NO: DTEE/0544/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: DAVID CHEROP<br/>ADM NO: BTME/240J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: DAVID JEREMIAH ONYANGO<br/>ADM NO: DCEN/058J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Funeral Expenses            | -Kshs 20,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**



**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: DAVID JOHN<br/>ADM NO: BTCE/287J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: DAVID MULOKI RICHARD<br/>ADM NO: DMEN/168J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Permanent Total Disablement | - Kshs. 100,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: DAVID MWENDA<br/>ADM NO: DICT/365J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: DAVIN ADHIAMBO JUMA<br/>ADM NO: DSLT/0055/2021</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: DAVIS KIBET<br/>ADM NO: DRAC/153J/2019</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: DEGAN HASSAN ABDULLAHI<br/>ADM NO: DME/0243/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: DENIS KOI KENGA<br/>ADM NO: DBCE/0564/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: DENIS MAINA WAMBURA<br/>ADM NO: BSCE/309J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: DENIS ODHIAMBO<br/>ADM NO: BMLS/345J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: DENIS OTIENO JAOKO<br/>ADM NO: DTEE/520J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: DENNIS KIPNGETICH KIRUI<br/>ADM NO: BTMA/171J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: DENNIS KITHINJI<br/>ADM NO: DMEN/127J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: DERRICK ONYANGO AWINDA<br/>ADM NO: DARC/336J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



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AUTHORISED OFFICER**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: DIANA CHEPNGENO<br/>ADM NO: DIMB/225J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: DICKENS SALIMU NYAKUNDI<br/>ADM NO: DTEE/0595/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: D'lamine Dorothy Nziwa<br/>ADM NO: DME/0231/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: DORAH ACHIENG AMATA<br/>ADM NO: DPMM/1164/2022</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: DORAH ACHIENG AMATA<br/>ADM NO: DPMM/1164/2022</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: DORCAS CHELANGAT<br/>ADM NO: DME/0257/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: DORIS INDARA OMAR<br/>ADM NO: DACC/0502/2022</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: DORIS NKIROTE NGUTIKU<br/>ADM NO: DCHM/0218/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: DUE JACKSON<br/>ADM NO: BSCE/304J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: DUPLEX SIMIYU OUKO<br/>ADM NO: DCAM/0082/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: EDGAR ANSLEM OTURI<br/>ADM NO: DICT/0593/2021</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: EDISON JEFWA SIFA<br/>ADM NO: DTEE/0589/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



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**AUTHORISED OFFICER**

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: EDWIN HAMISI KANIKI<br/>ADM NO: DCEN/0009/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: EDWIN MBURU MACHANG'A<br/>ADM NO: DTEE/0551/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ELIUD KINARO ONGONDI<br/>ADM NO: DICT/0610/2021</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ELIUD OSORE OBUTITI<br/>ADM NO: BSCH/238J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ELVIS KIMUTAI RUTOH<br/>ADM NO: DMEN/171J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: EMANUEL OTIENO<br/>ADM NO: DARC/246J/2019</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Funeral Expenses            | -Kshs 20,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: EMMANUEL DOMINIC OWUOR<br/>ADM NO: DBCE/0557/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: EMMANUEL KARISA MADUMBO<br/>ADM NO: DTEE/0609/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: EMMANUEL KIBET<br/>ADM NO: BTMD/217J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: EMMANUELA YANY OCHIENG<br/>ADM NO: DME/238J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: EMMAQULATE ATIENO<br/>ADM NO: DTME/170J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: EPIEOT DAVID NZUKI<br/>ADM NO: DMAE/086J/2018</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ERICK JOHN<br/>ADM NO: BTMA/187J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Funeral Expenses            | -Kshs 20,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ERICK MRISA MWANGIRI<br/>ADM NO: DHRM/0485/2021</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ESETE NEVILLE WANYONYI<br/>ADM NO: DQS/221J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ESTHER GLORIA<br/>ADM NO: DMAE/147J/2019</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ESTHER LILIAN<br/>ADM NO: DBA/361J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ESTHER MAKUNGU CHEGE<br/>ADM NO: DCEN/059J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ESTHER NAFULA NABISWA<br/>ADM NO: DCEN/0024/2021</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table border="0"> <thead> <tr> <th><b><u>Benefit</u></b></th> <th><b><u>Limit</u></b></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td>- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td>- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td>- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td>- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td>-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td>- Kshs 5,000</td> </tr> </tbody> </table> | <b><u>Benefit</u></b> | <b><u>Limit</u></b> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



**For: TAKAFUL INSURANCE OF AFRICA  
AUTHORISED OFFICER**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: EUFRESIA SARAFINA AKIDE<br/>ADM NO: DBM/0614/2022</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: EVALYNE MUTHEU NTHUSI<br/>ADM NO: DPT/0228/2021</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: EVANS GAKURU GAKINYA<br/>ADM NO: DBCE/0580/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: EVANS KAKUKO<br/>ADM NO: DICT/403J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: EVANS KIMUTAI<br/>ADM NO: BTME/254J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: EVANS KIPKORIR<br/>ADM NO: BTMD/222J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: EVEREST VOSERAH MUGATZIA<br/>ADM NO: DPMM/1146/2022</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: EZRA KIPNGETICH BIEGON<br/>ADM NO: BTEE/283J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: EZRA KIPYEGON KOECH<br/>ADM NO: BTEE/289J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: FABIAN NYONGESA WAMALWA<br/>ADM NO: DME/0227/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: FADHILI BENJAMIN<br/>ADM NO: BTME/261J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: FAHIMA KHAMIS HASSAN<br/>ADM NO: DPMM/1104/2021</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



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AUTHORISED OFFICER**



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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: FAITH AKINYI OBONDO<br/>ADM NO: DHIM/0278/2019</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: FAITH CHEPKIRUI<br/>ADM NO: BMLS/346J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: FAITH WAYUA MUTUA<br/>ADM NO: DCAM/0088/2021</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: FAIZA HASSAN ABDI<br/>ADM NO: DHRM/0535/2022</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: FAIZA RAMA SARAI<br/>ADM NO: DNSC/295J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: FARAH HARUN OMAR<br/>ADM NO: DPT/0227/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: FARIDA NURU SIFUNA<br/>ADM NO: DBA/0372/2022</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: FATMA HASSAN JUANO<br/>ADM NO: DARC/301J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: FATMA OSMAN ABDULBASID<br/>ADM NO: DSLT/251J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Artificial limbs            | - Kshs 20,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: FAZAL PARWEZ HUSSEIN<br/>ADM NO: DBM/0608/2022</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: FELICIA NYANDUKO NYAKUNDI<br/>ADM NO: DCAM/0081/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: FENNY ATIENO OTIENO<br/>ADM NO: DHIM/0303/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Funeral Expenses            | -Kshs 20,000  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Private tuition             | - Kshs 5,000  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



**For: TAKAFUL INSURANCE OF AFRICA  
AUTHORISED OFFICER**

**COVER NOTE**

The proposer, named in the Schedule, having proposed to **TAKAFUL INSURANCE OF AFRICA LTD** for insurance in respect of **GROUP PERSONAL ACCIDENT POLICY** is hereby held covered on the agreed terms and conditions against the risks described in the schedule for the period shown: -

| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: FIDEL LOGENJA<br/>ADM NO: DME/217J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: FIDEL OMONDI OWUOR<br/>ADM NO: DBTE/045J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: FINEDY WAWERU GICHEHA<br/>ADM NO: DPT/0225/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: FRANK MWIRIGI<br/>ADM NO: DCEN/075J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: FREDRICK MUKANI OLIMA<br/>ADM NO: DCEN/081J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: FRIDA MAKENA<br/>ADM NO: DSLT/224J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: GACHUHI PETER NDEERI<br/>ADM NO: DQS/153J/2019</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: GACUNJI KELVIN MURAGE<br/>ADM NO: BTCE/269J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: GERRARD ONYANGO<br/>ADM NO: BTEE/318J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: GHANA RADHIA MWALIM<br/>ADM NO: DIMB/207J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: GICHERU JOSEPH WAWERU<br/>ADM NO: DARC/303J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: GIDEON CHERUIYOT CHEPKULUL<br/>ADM NO: BTME/241J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: GITHUKU KIBUTHU NGANGA<br/>ADM NO: BTMD/206J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: GITONGA KELVIN KIMATHI<br/>ADM NO: BTME/236J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: GITONGA KELVIN MURIMI<br/>ADM NO: DCS/039J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: GORGE SIMBA TUNJE<br/>ADM NO: DICT/0579/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: GRAHAM CHEA LEWA<br/>ADM NO: DBCE/0686/2022</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: GURA NORBERT JABUYA<br/>ADM NO: BTME/034J/2016</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: GUYO AHMAD ALI<br/>ADM NO: BTCE/168J/2019</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: HADIJA OMAR AHMED<br/>ADM NO: DPMM/1165/2022</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: HAMISI ALI SHUGHULI<br/>ADM NO: DMAE/204J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: HAMISI SANGA NYAMAWI<br/>ADM NO: DRAC/0024/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Artificial limbs            | - Kshs 20,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: HARRIET AKINYI OTIENO<br/>ADM NO: BTMD/244J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Medical Expense             | - Kshs. 50,000  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: HASHIM MUADH ABDULKADIR<br/>ADM NO: BTME/321J/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: HASHIM MURSHID YUSUF<br/>ADM NO: DCEN/0026/2021</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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**AUTHORISED OFFICER**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: IAN DANSON KIBATHI WAMBUI<br/>ADM NO: DBTE/008J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: IAN KIMATHI KIMATHI<br/>ADM NO: DCEN/0036/2021</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: IAN LENOX NGUMA<br/>ADM NO: DTME/0055/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: IAN MURITHI<br/>ADM NO: DAE/173J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: IAN NGUGI<br/>ADM NO: BSCH/225J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: IDRIS ALI SALAT<br/>ADM NO: DBCE/0604/2021</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



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AUTHORISED OFFICER**

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: IJAKAA EUGENE ELISHA<br/>ADM NO: DTEE/509J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: IKOTHA EDWIN MWIRIGI<br/>ADM NO: DME/0259/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: IMALI PATIENCE<br/>ADM NO: DTME/161J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: IMBAI EMMANUEL KONDE<br/>ADM NO: DMEN/152J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: INDIELI OBULALO<br/>ADM NO: BSCH/129J/2017</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: IRIS NATASHA AYUMA<br/>ADM NO: DACC/0418/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Funeral Expenses            | -Kshs 20,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: IRUNGU K. SAMUEL<br/>ADM NO: DCEN/010J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ITORE JOHN GITAU<br/>ADM NO: DSLT/212J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Medical Expense             | - Kshs. 50,000  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: IVET IVY ATIENO<br/>ADM NO: BSTM/797J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JABU KASSIM CHIRO<br/>ADM NO: DARC/0187/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JACKSON MALILA KIUNGU<br/>ADM NO: DSM/0111/2022</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JACKSON ODHIAMBO CHIBOLE<br/>ADM NO: DBM/0550/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JAKES NJOROGE<br/>ADM NO: DCEN/076J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JAMAL MAHMUD ALI<br/>ADM NO: DPMM/1147/2022</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JAMES CHINEMI CHIDEMU<br/>ADM NO: DCHM/0211/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JAMES G. MAINA<br/>ADM NO: DAE/165J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JANE WANJIRO<br/>ADM NO: DCE/077J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JANE AWUOR OTUMBA<br/>ADM NO: DSLT/250J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JAPHET MWAGONA KONDE<br/>ADM NO: DTEE/524J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



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AUTHORISED OFFICER**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JAPHETH KIPROTICH CHERUIYOT<br/>ADM NO: DTEE/502J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JELAGAT SHARON<br/>ADM NO: BTMA/174J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JELIMO OLIVIA<br/>ADM NO: DTME/160J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JIMMY NYAMBURA GITAU<br/>ADM NO: DHRM/502J/2021</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JIMMY NYAMBURA GITAU<br/>ADM NO: DHRM/502J/2021</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JOAN KADZO RUWA<br/>ADM NO: DARC/0160/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



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**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JOHN ANN NZISA<br/>ADM NO: DICT/362J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JOHN BARAZA ODUKI<br/>ADM NO: DHRM/0524/2022</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JOHN GUTA ZETI<br/>ADM NO: DTEE/0563/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JOHN MBALUKA MUTEMA<br/>ADM NO: DMEN/0301/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JOHN MOMANYI BIRAORI<br/>ADM NO: DCEN/067J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JOHN MUSYOKA NGEI<br/>ADM NO: DARC/0193/2021</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



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AUTHORISED OFFICER**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JOHN STEPHEN MUNYAO<br/>ADM NO: BMLS/321J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JOHN VUNDI PAUL<br/>ADM NO: DICT/0534/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JOSEPH AMANI KATANA<br/>ADM NO: DACC/689J/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JOSEPH KARANI MOSE<br/>ADM NO: DPMM/1155/2022</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JOSEPH MUENDO<br/>ADM NO: BSCE/317J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JOSHUA MWACHENGA MDAMU<br/>ADM NO: DMEN/0292/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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**AUTHORISED OFFICER**



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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JOSHUA NYANYUKI IAN<br/>ADM NO: DBCE/271J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JOSPHINE MURUGI NJIRU<br/>ADM NO: DHIM/0309/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JOY PRAISE ONYANGO<br/>ADM NO: DHIM/0323/2021</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JOY REBECCA MUSUNGU<br/>ADM NO: DTME/0058/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JOYCE NZALAMBI MWARABU<br/>ADM NO: DPMM/1154/2022</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JOYLLINE KINYA GICHURU<br/>ADM NO: DTM/588J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



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AUTHORISED OFFICER**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JOYVINE JERONO KIMETO<br/>ADM NO: BTMD/0052/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JULIET ATIENO OTIENO<br/>ADM NO: DTM/0165/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JULIET KEDOGO KILAVIRE<br/>ADM NO: DCAM/242J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JULIUS BENJAMIN CHARO<br/>ADM NO: DQS/0082/2021</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JULIUS MUIA WAMBUA<br/>ADM NO: DMEN/0307/2021</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JUMA ANN ATIENO<br/>ADM NO: DTM/651J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Funeral Expenses            | -Kshs 20,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JUMA JACKSON MWALIMU<br/>ADM NO: DBCE/0632/2021</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JUMA STEPHEN OTIENO<br/>ADM NO: DHIM/070J/2017</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: JUMA VICTORINE JENIPHER<br/>ADM NO: DCEN/077J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KABARI JOY WAIRIMU<br/>ADM NO: DCEN/014J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KABATHA CHRIS MACHARIA<br/>ADM NO: BTMD/199J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KAFIA HASSAN ABDI<br/>ADM NO: DHRM/0529/2022</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KAGAI PETER NGIGI<br/>ADM NO: DBCE/245J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KAGIRI JOHN WAIHARO<br/>ADM NO: BTCE/275J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KAKUA ALICE WANZA<br/>ADM NO: BSCE/316J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KALA JOSHUA MWONGELA<br/>ADM NO: BMLS/323J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KAMARA JAMES WAIRERI<br/>ADM NO: DMAE/107J/2019</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KAMAU PAUL KANGETHE<br/>ADM NO: DRAC/196J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KAMAU SHEM KARANU<br/>ADM NO: BMLS/318J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



**For: TAKAFUL INSURANCE OF AFRICA  
AUTHORISED OFFICER**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KAMBUA FABRISIA WAVINYA<br/>ADM NO: DHIM/0308/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KANGETHE EDDAH WANJIRU<br/>ADM NO: BTCE/278J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KANYARI JACKLINE WANJIRU<br/>ADM NO: DRAC/170J/2019</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KANYI KAMAU DANCAN<br/>ADM NO: BTME/237J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KAPTA GINGER CHEMELI<br/>ADM NO: DMEN/135J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KAPUSA LAWRENCE LEIYIAN<br/>ADM NO: BTME/230J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KARANI<br/>ADM NO: BTCE/318J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KARANJA KELVIN NDUNG'U<br/>ADM NO: DME/215J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KARANJA LEE GITAU<br/>ADM NO: DTME/139J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KARANJA LUCIAH WANJA<br/>ADM NO: DIMB/211J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KARANJA RACHAEL WAITHERA<br/>ADM NO: DPT/209J/2019</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KARIUKI BERNARD KIMANI<br/>ADM NO: DBTE/024J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KARIUKI ERASTUS KANG'ETHE<br/>ADM NO: BTME/225J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: Kariuki Isaac kariuki<br/>ADM NO: BTCE/330J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KARIUKI VICKY NJERI<br/>ADM NO: DHIM/200J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KARUA TIMPIYIAN EUNICE<br/>ADM NO: BSTM/745J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KARUTI RAPHAEL MUTWIRI<br/>ADM NO: DCS/037J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KATAMU ANDREW WERENGAI<br/>ADM NO: BTEE/305J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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AUTHORISED OFFICER**

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KATANA KENNEDY KOMBE<br/>ADM NO: DARC/255J/2019</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KATHUNI KAWIRA<br/>ADM NO: DRAC/165J/2019</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KATHURIMA BRIAN KIMATHI<br/>ADM NO: BTME/231J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KATHURIMA JOHN MUGAMBI<br/>ADM NO: BTME/266J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KEITH KAMAU MAINA<br/>ADM NO: DTEE/0586/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KELI MUEMA<br/>ADM NO: BMLS/265J/2019</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KELVIN SONGA SOTSI<br/>ADM NO: DBM/0617/2022</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KELVIN TOROITICH KIGEN<br/>ADM NO: DBCE/0515/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KENEI KIPCHIRCHIR COLLINS<br/>ADM NO: DCEN/033J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KENGA JANET NEEMA<br/>ADM NO: DPT/202J/2019</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KERIAKO JUNIOR RIVALD<br/>ADM NO: BSEH/266J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KEVIN ODEMO<br/>ADM NO: DME/216J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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**AUTHORISED OFFICER**

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KEYA RYAN<br/>ADM NO: BTME/250J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: khadija galgalo gola<br/>ADM NO: DQS/0072/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KHADIJA JUMA FADHILI<br/>ADM NO: DBCE/0583/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KHATIB OMAR HARITH<br/>ADM NO: DCEN/078J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KHUDHRA ATHMAN YASSIN<br/>ADM NO: DFOO/0105/2022</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KHUWAYLID AHMAD ABDALLA<br/>ADM NO: DHRM/0480/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KIBET EMMANUEL<br/>ADM NO: BTMD/221J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KIBIWOTT NICKSON<br/>ADM NO: DRAC/220J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KIBUI BENHAIL COLLINS<br/>ADM NO: DCE/094J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Artificial limbs            | - Kshs 20,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KIENJA PETER NJENGA<br/>ADM NO: DARC/306J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KIIO G. MWENDWA<br/>ADM NO: DCEN/087J/2021</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KILILI LILIAN KANINI<br/>ADM NO: BSTM/737J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Funeral Expenses            | -Kshs 20,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

The proposer, named in the Schedule, having proposed to **TAKAFUL INSURANCE OF AFRICA LTD** for insurance in respect of **GROUP PERSONAL ACCIDENT POLICY** is hereby held covered on the agreed terms and conditions against the risks described in the schedule for the period shown: -

| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KILO CAROLINE NDILE<br/>ADM NO: DME/241J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KILUKEI DANSON SALAON<br/>ADM NO: DMEN/159J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KIMANI JOSAM MARENYE<br/>ADM NO: BSCE/329J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Permanent Total Disablement | - Kshs. 100,000/=  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KIMANI JOSEPH GITAU<br/>ADM NO: DMEN/120J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KIMATU NICHOLUS<br/>ADM NO: DCEN/021J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KIMOLO BENJAMIN KIMEU<br/>ADM NO: BMLS/264J/2019</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KIMUHU MICHAEL NJENGA<br/>ADM NO: BTCE/334J/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



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**AUTHORISED OFFICER**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KIMULWO CHEBOI EVANS<br/>ADM NO: DARC/326J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KIMUYU CAROL MBULA<br/>ADM NO: DCAM/215J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KIMWELE S MUIMI<br/>ADM NO: DARC/251J/2019</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KINIU BRIAN MUSEMBI<br/>ADM NO: DARC/241J/2019</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KINOTI PURITY KARWITHA<br/>ADM NO: DMEN/172J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KINYANJUI PATRICK NGANGA<br/>ADM NO: DCEN/006J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**



**COVER NOTE**

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|-----------------------------|--|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KINYUA MERCY WANJUGU<br/>ADM NO: BSCE/308J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KIOGORA KELVIN<br/>ADM NO: DQS/199J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KIOKO DENNIS MUTUNGA<br/>ADM NO: BTCE/276J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KIOKO FINTAN MUNYENZE<br/>ADM NO: DTM/596J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KIPCHUMBA MELI IVAN<br/>ADM NO: DPMM/654J/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KIPKIRUI ERNEST<br/>ADM NO: DICT/0542/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



**For: TAKAFUL INSURANCE OF AFRICA  
AUTHORISED OFFICER**

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KIPKOECH CALEB<br/>ADM NO: DQS/212J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Artificial limbs            | - Kshs 20,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KIPKOSGEI SOLOMON KIPKURUI<br/>ADM NO: DCS/116J/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KIPKURUI BRIAN<br/>ADM NO: BTMD/225J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KIPKURUI LAWI KOECH<br/>ADM NO: BSCE/330J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KIPLANGAT BRIAN MUTAI<br/>ADM NO: BTME/239J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KIPLANGAT ERICK<br/>ADM NO: DRAC/024J/2017</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Funeral Expenses            | -Kshs 20,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KIPNGENO COLLINS<br/>ADM NO: DBCE/257J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KIPRONO ALBERT<br/>ADM NO: BTME/245J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KIPRONO ELVIS<br/>ADM NO: DTEE/460J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KIPROTICH ERICK<br/>ADM NO: DME/207J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KIPSANG MARITIM ELVIS<br/>ADM NO: DAE/187J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KIPSANG PATRICK<br/>ADM NO: DTEE/422J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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**AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KIPTANUI ELPHAS<br/>ADM NO: BMLS/331J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KIPTARUS BILL<br/>ADM NO: DAE/186J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KIRAGU ESTHER WANGARI<br/>ADM NO: DMEN/139J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KIRWA KIPROP JAVAN<br/>ADM NO: BSCH/230J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KISILU BENNICIE MUTUA<br/>ADM NO: BTME/227J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KISILU NICHOLAS KING'OO<br/>ADM NO: DRAC/199J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KISSINGER COLLINS GWAKO<br/>ADM NO: DMEN/140J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KITHINJI JACKLINE KENDI<br/>ADM NO: BSCH/223J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KITHOME J. JOHNSTONE<br/>ADM NO: DTM/593J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KITINA KELVIN<br/>ADM NO: BTCE/277J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Artificial limbs            | - Kshs 20,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KITUR BRIAN KIPROTICH<br/>ADM NO: DME/198J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KIVUVA CHRISTOPER MATU<br/>ADM NO: BTCE/317J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KOBIA BONFACE KIRIMI<br/>ADM NO: DCEN/017J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KOECH VINCENT<br/>ADM NO: DBCE/256J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KOLIA WASIKE NESBON<br/>ADM NO: DTEE/388J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KULOBA CHARLES WAFULA<br/>ADM NO: DQS/220J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KURUI KIPTOO RODNEY<br/>ADM NO: BTMA/180J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KWEMBOI BENJAMIN CHESIRO<br/>ADM NO: DCS/041J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KYALO FELIX NDELEVA<br/>ADM NO: DAE/170J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Funeral Expenses            | -Kshs 20,000  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Private tuition             | - Kshs 5,000  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



**For: TAKAFUL INSURANCE OF AFRICA  
AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KYALO JACKSON NGULI<br/>ADM NO: BTME/270J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: KYALO PURITY WAVINYA<br/>ADM NO: DSLT/229J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: LAGAT DAISY JEPCHIRCHIR<br/>ADM NO: BMLS/347J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: LAURA NYEVU IKHA<br/>ADM NO: DCAM/0089/2021</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: LAVENDA AWUOR ORIMBA<br/>ADM NO: DQS/170J/2019</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: LAWRENCE OGOMERA OKANGO<br/>ADM NO: DTM/663J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: LEAH MUTHONI KIREMA<br/>ADM NO: BMLS/349J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: LEILA JULIA ODHIAMBO<br/>ADM NO: DCEN/070J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: LEKOKA JONATHAN KIWARA<br/>ADM NO: DICT/395J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: LENGIRONI SULEIMAN LEPIRIS<br/>ADM NO: DTEE/496J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: LEON SANDE MWAVITA<br/>ADM NO: DLTM/0371/2019</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: LESLIE GUSERWA ANGU<br/>ADM NO: BSEE/0117/2017</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: LETAPI LESOPIAN ELVIZ<br/>ADM NO: BSCE/333J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

The proposer, named in the Schedule, having proposed to **TAKAFUL INSURANCE OF AFRICA LTD** for insurance in respect of **GROUP PERSONAL ACCIDENT POLICY** is hereby held covered on the agreed terms and conditions against the risks described in the schedule for the period shown: -

| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: LINAH MWENDWA<br/>ADM NO: DARC/0195/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: LINAH MUKANGAI<br/>ADM NO: DCEN/034J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: LINDA KIENDE MURIUKI<br/>ADM NO: DME/240J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: LIZZY ATIENO OTIENO<br/>ADM NO: DHIM/222J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: LODENYI SANDRA<br/>ADM NO: DME/219J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: LOICE KUVUNA WASHE<br/>ADM NO: BTMA/0034/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**



**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: LORD RUFUS ONYANDO<br/>ADM NO: DAC/0058/2019</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: LORE KEVIN<br/>ADM NO: DME/252J/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: LORINE SPENCER AKOTH<br/>ADM NO: BTMD/227J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: LOUIS ODUOR ODHIAMBO<br/>ADM NO: DICT/453J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: LUCKY MALONZA MUTUA<br/>ADM NO: DARC/0136/2019</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: LUCKY TUNU CHARO<br/>ADM NO: DCEN/080J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: LUGONZO REINHARD SHITSUGANE<br/>ADM NO: DAE/194J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: LUSUI ABIUD NAMASWA<br/>ADM NO: DAE/191J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: LUTTA GIDEON KATAKA<br/>ADM NO: DBTE/031J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: LUTULI BEN MUSUNGU<br/>ADM NO: DLTM/358J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: LUVISIA DORCAS IKWILE<br/>ADM NO: DTM/634J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MACHARIA HARISON NJOROGE<br/>ADM NO: BTME/217J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Funeral Expenses            | -Kshs 20,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MAFWEFWE ASMAN<br/>ADM NO: DCS/072J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MAGDALENE CHEPTOO<br/>ADM NO: BSCH/0142/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MAILU TERESIA WANZA<br/>ADM NO: BSTM/723J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MAIMUNA SHERIFFA IDDI<br/>ADM NO: DQS/345J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MAINA EPHANTUS NDERITU<br/>ADM NO: DMEN/133J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MAINA ERNEST NGATIA<br/>ADM NO: BSTM/712J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MAINA IRENE WAITHIRA<br/>ADM NO: DCE/078J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MAINA MIRING'U MOSES<br/>ADM NO: DARC/130J/2017</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MAINA MUTHONI CHARITY<br/>ADM NO: DCEN/005J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MAITHYA RUTH KAVINYA<br/>ADM NO: BMLS/320J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MAJALE CLINTON LUCAS<br/>ADM NO: BTCE/292J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MAJANI BONFACE SHIKUKU<br/>ADM NO: DCE/115J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Funeral Expenses            | -Kshs 20,000  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Private tuition             | - Kshs 5,000  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



**For: TAKAFUL INSURANCE OF AFRICA  
AUTHORISED OFFICER**



**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MAJDA KALI SWALIHU<br/>ADM NO: DPMM/1170/2022</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MAKAROT JOYCE SAINOI<br/>ADM NO: DSLT/228J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MAKAU BRIAN MWENDWA<br/>ADM NO: DARC/316J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MAKHAKHA WALUTSACHI PAUL<br/>ADM NO: DCEN/073J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MAKOKHA BERRYL SIMIYU<br/>ADM NO: DAC/187J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MAKOKHA BERYL ATIENO<br/>ADM NO: BSCH/237J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MAKORI BOAZ ISAAC<br/>ADM NO: DCS/003J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MAKOTI ABDALLA<br/>ADM NO: BMLS/257J/2019</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MANDALA BILHA KEMUNTO<br/>ADM NO: BTCE/303J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MARGARET NAFULA OUMA<br/>ADM NO: DICT/0541/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MARIAM AHMED BINTHAMADI<br/>ADM NO: DARC/0162/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MARK MUREITHI NYAGA<br/>ADM NO: DTEE/0780/2022</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MARREN LAVENDOR SAKWA<br/>ADM NO: DBCE/0565/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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AUTHORISED OFFICER**

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MARTHA WANJERI<br/>ADM NO: DME/233J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MARTIN CHARO MLEWA<br/>ADM NO: DARC/0194/2021</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MARTIN MUTINDA KYALO<br/>ADM NO: DMAE/203J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MARY NYANDIKO YUYA<br/>ADM NO: DACC/0509/2022</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MARY NYIVA KAMENDE<br/>ADM NO: DHRM/027J/2016</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MARY PAULINE NDUSYA<br/>ADM NO: DSSO/223J/2019</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Artificial limbs            | - Kshs 20,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Funeral Expenses            | -Kshs 20,000   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Private tuition             | - Kshs 5,000   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



**For: TAKAFUL INSURANCE OF AFRICA  
AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MARY WAIRIMU JOSPHAT<br/>ADM NO: DPT/249J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MARY WANGECHI MURIITHI<br/>ADM NO: BTMD/228J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MARYL ATIENO OGINGA<br/>ADM NO: DMAC/0334/2017</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MASHA DINAH MATHEW<br/>ADM NO: DARC/0169/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MASINDE N<br/>ADM NO: DME/146J/2019</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MATHEW ANTHONY MWIKYA<br/>ADM NO: DMEN/126J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MATU J KAMAU<br/>ADM NO: DTME/135J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



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**AUTHORISED OFFICER**

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MAUNA GLADYS NELLY<br/>ADM NO: BTCE/263J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MAWEU NZEKI<br/>ADM NO: DQS/180J/2019</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Artificial limbs            | - Kshs 20,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MAWIRA PETERSON<br/>ADM NO: DME/193J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MAXWEL KIPROB<br/>ADM NO: DTEE/385J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MAXWELL BAHATI<br/>ADM NO: DRAC/223J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MAYA RACHELLE MAYA<br/>ADM NO: BTME/249J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**



**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MBINGO KENEDY NDETI<br/>ADM NO: DCEN/019J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MBITHI ALPHONCE NDOVE<br/>ADM NO: BARC/226J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MBUGUA MOSES WAWERU<br/>ADM NO: DAE/163J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MBUGUA SAMUEL KANYI<br/>ADM NO: DTME/141J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MBUI GIDRAF NGOTHO<br/>ADM NO: DTEE/408J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MBURU BLAISE MOCHU<br/>ADM NO: DBCE/246J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MBURU FRANCIS MWANGI<br/>ADM NO: BSTM/766J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MBURUNGA PETRONILLA NKUENE<br/>ADM NO: BMLS/266J/2019</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MBUTHIA FRIDAH MUGURE<br/>ADM NO: DCAM/208J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MBUVI EMMANUEL MBITHI<br/>ADM NO: DTEE/487J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MEALII ABDALLA MRIWA<br/>ADM NO: DCHM/0210/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MELVIN JONES MURITHI<br/>ADM NO: DBCE/0559/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MERCY AKINYI OTIENO<br/>ADM NO: DQS/0074/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MERCY AYUKO ATEPE<br/>ADM NO: DCEN/0010/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MERCY CHEPKIRUI<br/>ADM NO: BMLS/348J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MERCY CHEPKIRUI METTO<br/>ADM NO: DCEN/057J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MERCY KALEKYE KELLAH<br/>ADM NO: BTMD/234J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MERCYLINE UMAZI MWAMBEGA<br/>ADM NO: DCAM/0092/2021</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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AUTHORISED OFFICER**

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|-----------------------------|--|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MICHAEL AURTHUR OMONDI<br/>ADM NO: DMEN/160J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MICHAEL BALO KOMBE<br/>ADM NO: DPMM/1178/2022</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MICHAEL ISALAMBO KHAMATI<br/>ADM NO: DMEN/0266/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MICHAEL MWANGUI MWANGEKA<br/>ADM NO: DAE/0066/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MICHAEL MWASI MANGI<br/>ADM NO: DHRM/0530/2022</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MIINDA NAMWEL ONGARO<br/>ADM NO: BSCE/328J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Funeral Expenses            | -Kshs 20,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**



**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MIKE KIPNGENOH KORIR<br/>ADM NO: DCEN/029J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MILICENT ATIENO SWAIB<br/>ADM NO: DHRM/0512/2022</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MILLICENT NASIMIYU<br/>ADM NO: BSTM/769J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MINANGA ABEL<br/>ADM NO: DMEN/158J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MIRIGI CLARICE WANJIRU<br/>ADM NO: BMLS/319J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MISER EDWIN<br/>ADM NO: DMEN/092J/2019</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MITCHELLE LUCY OBINGO OKWARA<br/>ADM NO: DARC/0163/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table border="0"> <thead> <tr> <th><b><u>Benefit</u></b></th> <th><b><u>Limit</u></b></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td>- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td>- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td>- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td>- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td>-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td>- Kshs 5,000</td> </tr> </tbody> </table> | <b><u>Benefit</u></b> | <b><u>Limit</u></b> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MOESHA WANGOI PETERS<br/>ADM NO: DARC/345J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MOGAKA KWAMBOKA VALENTINE<br/>ADM NO: BSTM/787J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MOHAMED FAISAL MOHAMED<br/>ADM NO: DHRM/0421/2019</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MOHAMED SARAI ALI<br/>ADM NO: DMEN/0308/2021</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MOKUA DAVID MOTARI<br/>ADM NO: DCEN/074J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MOLE ROSEMARY KASICHANA<br/>ADM NO: DCE/076J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Funeral Expenses            | -Kshs 20,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MONARI MORAA JULIET<br/>ADM NO: DCS/091J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MONGARE SAMUEL KEROTI<br/>ADM NO: BSCH/246J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MONICA KANINI SWAIB<br/>ADM NO: DPMM/1150/2022</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MORRIS KYALO MUTUNGA<br/>ADM NO: DTEE/0559/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MOSES OTIENO<br/>ADM NO: DCEN/0002/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MOSES KIOKO JAPHETH<br/>ADM NO: DMEN/0305/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MOURINE MEDZA KAULU<br/>ADM NO: DHRM/0513/2022</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MSHINGO HAUTON<br/>ADM NO: DRAC/182J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MUDERWA MARINE<br/>ADM NO: BTMD/204J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MUENDO WAMBUA<br/>ADM NO: DCE/090J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MUENI RUTH MUTIO<br/>ADM NO: BMLS/322J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MUGALO EUGENE<br/>ADM NO: DCAM/232J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MUKOLWE LEVINE NEONDO<br/>ADM NO: DHIM/225J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MULAKO RUEL<br/>ADM NO: DSLT/232J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MULAKU PATRICK AZARIAH<br/>ADM NO: BTCE/314J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MULI J MASOMBA<br/>ADM NO: DQS/130J/2019</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MULI LILLIAN MUOTI<br/>ADM NO: DPMM/588J/2021</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MULI LILLIAN MUOTI<br/>ADM NO: DPMM/588J/2021</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MULI LILLIAN MUOTI<br/>ADM NO: DPMM/588J/2021</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MUNENE KELVIN MUGENDI<br/>ADM NO: DICT/373J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MUNG'AU VANESTRUZ WEKESA<br/>ADM NO: DTME/146J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MUREGA ELIUD MUTURA<br/>ADM NO: DQS/0056/2019</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MURIITHI FELIX GITARI<br/>ADM NO: DBTE/010J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MURIMI JESTUS<br/>ADM NO: BSTM/733J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MURIMI SHANICE WAMAITHA<br/>ADM NO: DRAC/190J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MURIUKI KENNEDY MUTHURA<br/>ADM NO: BTCE/268J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MURUGI JOHNSON WANJIGI<br/>ADM NO: DRAC/194J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MUSA MUGA<br/>ADM NO: BSTM/780J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MUSANGI AGOSTINE MWAKULOMBA<br/>ADM NO: DQS/187J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MUSYIMI BRIAN MUTANGILI<br/>ADM NO: DCS/023J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MUSYOKA SUSAN MBULA<br/>ADM NO: DTEE/280J/2019</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MUTAI FAITH JEPTOO<br/>ADM NO: BTEE/290J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MUTAVA MWENDWA<br/>ADM NO: DPMM/1045/2021</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MUTEMI CALOLINE WANJUGU<br/>ADM NO: DSLT/218J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MUTERO MARION NJERI<br/>ADM NO: DTM/611J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MUTETI CATHERINE NDUNGE<br/>ADM NO: BSCH/222J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Funeral Expenses            | -Kshs 20,000   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Private tuition             | - Kshs 5,000   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MUTHINI JOE MUMO<br/>ADM NO: DAE/181J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MUTHOKA DENNIS KIMUYU<br/>ADM NO: BSCH/214J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MUTHOMI IAN<br/>ADM NO: DMAE/174J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MUTHONI CHARLES GAKUNGA<br/>ADM NO: DCEN/008J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MUTHUI ANASTACIAH MUTHONI<br/>ADM NO: DCS/025J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MUTHUMBI KENNETH MUGO<br/>ADM NO: BTEE/281J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MUTIE DENNIS ILUVE<br/>ADM NO: DAC/177J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MUTINDA TEDDY MUTHEU<br/>ADM NO: DBTE/018J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MUTUKU BENEDICT NYAMAI<br/>ADM NO: DPT/234J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MUTUKU BENEDICT NYAMAI<br/>ADM NO: DPT/234J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MUTUNGA JOSEPH MUENDO<br/>ADM NO: BSTM/735J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MWAI JOSEPH WAIGWA<br/>ADM NO: DARC/305J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MWAIWA CAROLINE MBITHE<br/>ADM NO: DCAM/179J/2019</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MWAKIO JOSEPH OLUOCH<br/>ADM NO: BTMA/190J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MWAKIO LUDOVICK KICHOKOLA<br/>ADM NO: DMEN/0293/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MWANGANGI LILIAN MWENDE<br/>ADM NO: BTME/229J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MWANGI ANTHONY KIMANI<br/>ADM NO: DMAE/187J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MWANGI DANCAN KAHUNGU<br/>ADM NO: DARC/344J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MWANGI DAVID MUHORO<br/>ADM NO: BTME/222J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table border="0"> <thead> <tr> <th><b><u>Benefit</u></b></th> <th><b><u>Limit</u></b></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td>- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td>- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td>- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td>- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td>-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td>- Kshs 5,000</td> </tr> </tbody> </table> | <b><u>Benefit</u></b> | <b><u>Limit</u></b> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Funeral Expenses            | -Kshs 20,000  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



**For: TAKAFUL INSURANCE OF AFRICA  
AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MWANGI DAVID MUIRURI<br/>ADM NO: BSCE/327J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MWANGI GEORGE KAMAU<br/>ADM NO: DCEN/011J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MWANGI JESEE KIMANI<br/>ADM NO: BSTM/716J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MWANGI JOSEPHINE NJERI<br/>ADM NO: BTCE/319J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MWANGI KENNETH MUGO<br/>ADM NO: BSTM/577J/2018</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MWANGI MUCHERU SAMSON<br/>ADM NO: BTCE/265J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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**AUTHORISED OFFICER**

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MWANGI TERESIA NYAMBURA<br/>ADM NO: BMLS/317J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Permanent Total Disablement | - Kshs. 100,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MWANIKI BENSON MBUGUA<br/>ADM NO: DAE/216J/2021</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MWANIKI SIMON KARANJA<br/>ADM NO: DSM/357J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MWARA DOREEN WANGECHI<br/>ADM NO: BMLS/315J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MWENDA KOOME DENIS<br/>ADM NO: DBCE/0568/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MWENDA MARTIN MUTHOMI<br/>ADM NO: DAE/176J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**



**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MWENDWA MERCY MUMBE<br/>ADM NO: DTM/580J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MWIRIMIRI JAMES GATHERU<br/>ADM NO: BSEH/217J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MWITI SARAH GATWIRI<br/>ADM NO: DLTM/259J/2019</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MWITI WINCATE KANANA<br/>ADM NO: BTCE/279J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: MWOJE VIRGINIA CIANGOMBE<br/>ADM NO: BMLS/188J/2017</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NABONWE ERNEST MUKOYA<br/>ADM NO: DCEN/054J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NAMUCHUKHA JOSEPH<br/>ADM NO: DCS/073J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NANCY CHEMTAI CHEBEO<br/>ADM NO: DPT/0212/2019</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NASHALI WARREN CHISINDAYI<br/>ADM NO: BTCE/285J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NASRUN AHMED MOHAMED<br/>ADM NO: DHRM/0395/2019</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NATASHA WANJIRU WAINOGA<br/>ADM NO: DBCE/0607/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NDARU GARRISSON NGARI<br/>ADM NO: DCEN/016J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Funeral Expenses            | -Kshs 20,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NDIRANGU IAN GABRIEL<br/>ADM NO: BTME/224J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NDIRANGU JOSEPH GITHENJI<br/>ADM NO: BTMA/181J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NDOLO MARIANA BELLA<br/>ADM NO: DIMB/235J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NDUBI MOSES GIKUNDA<br/>ADM NO: DMEN/129J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NDUNGU SIMON GOI<br/>ADM NO: DICT/388J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NDUTA BRYAN KAMAU<br/>ADM NO: BTMA/165J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NELSON MUTUGI KIOGORA<br/>ADM NO: DBCE/0675/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



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**AUTHORISED OFFICER**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NELSON WAMBUA NJERU<br/>ADM NO: DMEN/167J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NGALAA CHUPHI<br/>ADM NO: DTEE/0573/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NGANGA JANE WARWINU<br/>ADM NO: DCEN/012J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NG'ANG'A MUTHIRI MARTHA<br/>ADM NO: DCEN/003J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NGAO THYAKA GEDION<br/>ADM NO: DTM/581J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NGARE ZIDANI SULEIMANI<br/>ADM NO: BMLS/310J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



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AUTHORISED OFFICER**

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NG'ENDO PETER KAMANU<br/>ADM NO: DBCE/247J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NGILA SAMUEL KILEE<br/>ADM NO: DQS/197J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NG'IMONG'IN EMMANUEL LOBURA<br/>ADM NO: BSEH/234J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NGITHIABA KELVIN MWENDA<br/>ADM NO: DPT/230J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NGOBU BENSON KARIGU<br/>ADM NO: DME/194J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NGULI DANIEL MWIKYA<br/>ADM NO: BSCH/216J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NICKTON OGATA NYANCHOKA<br/>ADM NO: DCEN/064J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NICOLE MONICA OKENDO<br/>ADM NO: DMAE/0133/2021</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NJAGI GABRIEL NJARAMBA<br/>ADM NO: DBTE/023J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NJAU NEWTON JOHN<br/>ADM NO: BTME/216J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NJENGA FELIX NDUHIU<br/>ADM NO: DME/210J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NJENGA JAMES NDUNGI<br/>ADM NO: DCEN/004J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NJERI BABRA NGONYO<br/>ADM NO: BTEE/278J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NJIRU MELVIN MUNENE<br/>ADM NO: BTCE/267J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NJIRU MURIUKI COLLINS<br/>ADM NO: DAE/175J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NJOGU DAVID MURIMI<br/>ADM NO: BTCE/264J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NJOKI LOISE WAMBUI<br/>ADM NO: DARC/185J/2018</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NJUGUINI BRIAN NGANGA<br/>ADM NO: DRAC/104J/2018</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NJUGUNA HOPE WANJIRU<br/>ADM NO: DTME/137J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NOUR SWALEH AWADH<br/>ADM NO: DICT/0547/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NTARANGWI ELIJAH<br/>ADM NO: BTCE/325J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NYAGA ABRAHAM KAMAU<br/>ADM NO: DCS/018J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NYAKUNDI BASWETI MARY<br/>ADM NO: DFOO/200J/2019</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NYAKUNDI TRYPHENA NYANGARA<br/>ADM NO: BTCE/305J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



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**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NYALITA ERICK MUOKI<br/>ADM NO: BTEE/275J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NYAMAWI BEJA NYAMAWI<br/>ADM NO: BTME/213J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NYAMBURA JENNIFER MULATYA<br/>ADM NO: DBM/0607/2022</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NYONGESA FAITH<br/>ADM NO: DTME/147J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: NZAU PAUL MUSAU<br/>ADM NO: DPT/226J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OBADHA ISHADA OTIENO<br/>ADM NO: DQS/234J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OBANGO FREDRICK BIKO<br/>ADM NO: BTMA/184J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OBONDO DERICK OMONDI<br/>ADM NO: BTMA/182J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OBUYA COLLINS<br/>ADM NO: BMLS/304J/2019</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OBWOCHA MELKZEDEK NYABUTO<br/>ADM NO: BTCE/313J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OCHAM HENRY ONYANGO<br/>ADM NO: BSEH/254J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OCHARO JOB OSUMO<br/>ADM NO: DTEE/500J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OCHIDO MICHAEL ODONGO<br/>ADM NO: DCEN/046J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OCHIENG JOSHUA ONYANGO<br/>ADM NO: DME/222J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OCHIENG NEWTON BRIAN<br/>ADM NO: BTCE/329J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OCHIENG STACY AWUOR<br/>ADM NO: DFOO/349J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OCHIENG VERAH AUMA<br/>ADM NO: DHIM/220J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OCHOLA POULINE ACHIENG<br/>ADM NO: DBCE/267J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ODERA ALEX ETEMESI<br/>ADM NO: BTCE/297J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ODERO SYPROSE ADHIAMBO<br/>ADM NO: BTMD/242J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ODHIAMBO AMFEL<br/>ADM NO: BSEH/253J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Artificial limbs            | - Kshs 20,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ODHIAMBO DENZEL OWINO<br/>ADM NO: DBTE/036J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ODHIAMBO GOODWIL WANDA<br/>ADM NO: BMLS/335J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ODHIAMBO JOSEPH<br/>ADM NO: BTME/251J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Funeral Expenses            | -Kshs 20,000  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Private tuition             | - Kshs 5,000  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



**For: TAKAFUL INSURANCE OF AFRICA  
AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ODHIAMBO KEVIN<br/>ADM NO: DBCE/265J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



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**AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ODHIAMBO OCHIENG COLLINS<br/>ADM NO: BSTM/610J/2018</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ODHIAMBO WILLINGTON OCHIENG<br/>ADM NO: BSTM/781J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ODIDA CURSON OMONDI<br/>ADM NO: DBCE/277J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ODINGO MAXWELL<br/>ADM NO: DQS/229J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ODIPO JEVAN PAUL<br/>ADM NO: DBCE/266J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ODOYO SELF ROY<br/>ADM NO: DME/220J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**



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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ODUARO MICHAEL OKOTH<br/>ADM NO: DICT/436J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ODUOR BOB OKUTE<br/>ADM NO: BTCE/302J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OERI OGARO HESBORN<br/>ADM NO: BTCE/304J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OGAYA JOHN MAANGI<br/>ADM NO: BTCE/288J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OGOLA BRANDON<br/>ADM NO: DARC/331J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OGOLA HILLARY OTIENO<br/>ADM NO: DLTM/235J/2019</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OGUTU ESTHER AWUOR<br/>ADM NO: DPMM/560J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OKELO JUSTUS<br/>ADM NO: DCEN/027J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OKETCH RAFAEL OTIENO<br/>ADM NO: BTEE/288J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OKEYO EYANTONE OCHIENG<br/>ADM NO: Dltm/380j/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OKIKI DAVID OSODO<br/>ADM NO: BSCE/029J/2014</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OKORA BLESSING MORAA<br/>ADM NO: BTEE/307J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OKOTH DANIEL NDIEGE<br/>ADM NO: BTMD/243J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OKOTH ELVINCE<br/>ADM NO: DARC/340J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OKOTSI RONNEY OTIENO<br/>ADM NO: DMAE/198J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Artificial limbs            | - Kshs 20,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OKUMU BENSON<br/>ADM NO: BTCE/300J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OKUNGU SAMSON OKOTH<br/>ADM NO: DTEE/435J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OLALE JOHN KENNEDY<br/>ADM NO: BTCE/301J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



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**AUTHORISED OFFICER**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OLANG'O DAVID ABUYA<br/>ADM NO: BTCE/273J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OLOO EVON S.<br/>ADM NO: DTME/169J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OLUM LILIAN AOKO<br/>ADM NO: DTME/173J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OMAE JOSEPHINE KERUBO<br/>ADM NO: DCAM/246J/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OMAR BARSEN HASSAN<br/>ADM NO: DQS/0079/2021</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OMEDO NAOMI ANDESO<br/>ADM NO: DSLT/209J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**



**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OMENGE JOSHUA<br/>ADM NO: BSTM/802J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OMOLLO LOVINE ADHIAMBO<br/>ADM NO: DTEE/529J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OMONDI BRIGHTON OPIYO<br/>ADM NO: DTM/650J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OMONDI EDWARD ODHIAMBO<br/>ADM NO: DICT/414J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OMONDI EZRA ODHIAMBO<br/>ADM NO: BTEE/310J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OMONDI MOSES ODONGO<br/>ADM NO: DCEN/045J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OMULO CYNTHIA ADHIAMBO<br/>ADM NO: DTEE/431J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ONDOLLO MARK ODHIAMBO<br/>ADM NO: DBM/390J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ONGOI VALLARY ADHIAMBO<br/>ADM NO: BTCE/310J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ONSERIO BRITTNEY MELISA<br/>ADM NO: BSTM/783J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ONSOMU IAN<br/>ADM NO: BTME/265J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ONYANGO CLEMENT OLUOCH<br/>ADM NO: BTME/258J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Funeral Expenses            | -Kshs 20,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ONYANGO FRED OBASANJO<br/>ADM NO: DTM/642J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ONYANGO SEAN GEORGE<br/>ADM NO: DAE/204J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ONYANGO SYDNEY<br/>ADM NO: DICT/413J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OSANO ELVIS MOGESA<br/>ADM NO: DAE/199J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OTHIENO O JOSPHAT<br/>ADM NO: DQS/218J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OTIENDE ELVIS ODUOR<br/>ADM NO: BMLS/338J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OTIENO AUGUSTINE TAABU<br/>ADM NO: DMEN/162J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



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**AUTHORISED OFFICER**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OTIENO BONFAS OTIENO<br/>ADM NO: BMLS/302J/2019</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OTIENO CLINTON OCHIENG<br/>ADM NO: BTMA/186J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OTIENO COLLINS ONYANGO<br/>ADM NO: DTME/085J/2019</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OTIENO GARVINE HARDLEY<br/>ADM NO: DTEE/517J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OTIENO GARVINE HARDLEY<br/>ADM NO: DTEE/517J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OTIENO KENNETH<br/>ADM NO: DCHM/127J/2019</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



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AUTHORISED OFFICER**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OTIENO LIDIA ADHIAMBO<br/>ADM NO: DSLT/238J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OTIENO MICHAEL OCHIENG<br/>ADM NO: BTME/228J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OTIENO MIKE OKELLO<br/>ADM NO: BSTM/779J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OTIENO VINCENT OCHIENG<br/>ADM NO: BMLS/146J/2016</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OTURI MRONJI LYNN<br/>ADM NO: DPT/245J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OUCHE PHILEMON OMEDO<br/>ADM NO: BTCE/299J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OUMA EMMANUEL OTIENO<br/>ADM NO: DCEN/088J/2021</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OUMA FELIX OUMA<br/>ADM NO: DACC/491J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OUMA KERRY FRANCIS<br/>ADM NO: DBCE/269J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OURO CALVIN OBIRI<br/>ADM NO: BTCE/326J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OWINO COLLINS ODHIAMBO<br/>ADM NO: DCS/094J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OWINO JACK<br/>ADM NO: DRAC/235J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



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AUTHORISED OFFICER**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OWINO OTIENO EMMANUEL<br/>ADM NO: DCAM/247J/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OWUOR IAN DANCAN<br/>ADM NO: DAE/206J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: OYUGI A. MARGARITA<br/>ADM NO: DQS/186J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: PATRICK ONGULO<br/>ADM NO: DTEE/527J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: PAULETTE NGERAI ATIDELE<br/>ADM NO: DHIM/228J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: PERIS SULUBU KALUME<br/>ADM NO: DSSO/0068/2022</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: PETER C. MUENI<br/>ADM NO: DTM/582J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: PETER CALVIN ODHIAMBO<br/>ADM NO: DMAE/196J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: PETER DAVID MALELU<br/>ADM NO: DSM/333J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: PETERSON MANG'ERA ORERO<br/>ADM NO: DBCE/281J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: PHABIAN JUSTINE<br/>ADM NO: BTMD/247J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: PHILEMON ARIGA MAKORI<br/>ADM NO: BTMD/235J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Funeral Expenses            | -Kshs 20,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: PHOEBE ACHIENG OSWETO<br/>ADM NO: DPMM/1156/2022</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: PKANAN NOAH<br/>ADM NO: DPT/237J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: PRISCAH MUTENYU MATINYA<br/>ADM NO: DCAM/245J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: PRISCILLA CHARI MWAGAMBO<br/>ADM NO: DACC/0515/2022</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: PRISTON MAKAMU LIKHANGA<br/>ADM NO: DME/0236/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: PURITY OGUTA AYO<br/>ADM NO: DIMB/205J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: RAMADHAN ABASS ABDULKADIR<br/>ADM NO: BTCE/284J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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**AUTHORISED OFFICER**



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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: REBECCA DAMA KAINGU<br/>ADM NO: DBM/0618/2022</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: REGINA MUGHAMBI BOLI<br/>ADM NO: DBA/0376/2022</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: REUBEN FREDRICK<br/>ADM NO: DARC/298J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: RICHARD GEKONGE JOSEPH<br/>ADM NO: DME/221J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: RICHARD ODHIAMBO OLEWE<br/>ADM NO: BTME/253J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: RICHARD OTIENO<br/>ADM NO: BTEE/302J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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**AUTHORISED OFFICER**

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: RIGAN OCHIENG<br/>ADM NO: DME/227J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: RIZIKI KUVUNA LEWA<br/>ADM NO: DPMM/0974/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ROBERT LETO KIBET<br/>ADM NO: DMEN/150J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ROBERT MWENDA<br/>ADM NO: DMEN/134J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ROBLE JIMALE HASSAN<br/>ADM NO: DACC/0512/2022</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: RODAH VAATI MWENDWA<br/>ADM NO: DTM/659J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: RODGERS NGARI KOMBE<br/>ADM NO: DPMM/1167/2022</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: RODNEY ANDURATE KADENYI<br/>ADM NO: DRAC/225J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: RONALD OTIENO OKETCH<br/>ADM NO: DCEN/040J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: RONMOSS MAITHA KATANA<br/>ADM NO: BSCE/0401/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ROP JEPNGETICH CAROLINE<br/>ADM NO: BTCE/328J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ROSE MOKEIRA<br/>ADM NO: DICT/419J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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**AUTHORISED OFFICER**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ROSELYNE KINYA<br/>ADM NO: DCHM/0209/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ROY MARVIN OMONDI<br/>ADM NO: DBTE/034J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: RUTH WAMBUI MAINA<br/>ADM NO: BTCE/274J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: RUTH WAMUYU KINYUA<br/>ADM NO: DCAM/0083/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: RUTO COLLINS KIBIWOTT<br/>ADM NO: BTMA/175J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: RUTO IVY CHEPCHIRCHIR<br/>ADM NO: DTM/603J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**



**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SABINA NYOKABI MWANGI<br/>ADM NO: DCHM/0208/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SAFARI EUNICE CHITSAKA<br/>ADM NO: DPMM/1174/2022</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SALMA FAIZ YUSSUF<br/>ADM NO: BMLS/311J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SAMMY CHENGO KALU<br/>ADM NO: DARC/300J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SAMMY MARTIN MUTINDA<br/>ADM NO: DTME/175J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SAMMY OTIENO ALOT<br/>ADM NO: BSTM/796J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SAMMY S CHENG'ASIA<br/>ADM NO: DCS/074J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SAMUEL CLEVIN NGUI<br/>ADM NO: DCE/073J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Artificial limbs            | - Kshs 20,000/=  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SAMUEL GATIMU MURIMI<br/>ADM NO: DBTE/053J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SAMUEL ISAYA OHANGA<br/>ADM NO: DARC/0180/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SAMUEL NYARANDI<br/>ADM NO: DME/242J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SAMUEL WALUBENGO SAWINJA<br/>ADM NO: DARC/0192/2021</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SANDRINE NABUKWASI NGAMWANGA<br/>ADM NO: DTM/666J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SARAH RAMA KAHINDI<br/>ADM NO: DHIM/0320/2021</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SAWAYI BRIAN<br/>ADM NO: BTME/247J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SELESTINE ANYANGO<br/>ADM NO: DIMB/237J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SEREM JEPKEMOI WINNIE<br/>ADM NO: BMLS/344J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SHAFI MWINYI MWANDUNGO<br/>ADM NO: DME/0237/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Funeral Expenses            | -Kshs 20,000  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Private tuition             | - Kshs 5,000  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



**For: TAKAFUL INSURANCE OF AFRICA  
AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SHAIMA MUSANGA MASENGO<br/>ADM NO: DICT/439J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SHAMZA CHERUTO<br/>ADM NO: BMLS/324J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SHARLET WANJALA WALTER<br/>ADM NO: CCAM/0178/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SHARON CHERONO<br/>ADM NO: BMLS/328J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SHARRIF OGEMA OKILIPA<br/>ADM NO: DCS/077J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Permanent Total Disablement | - Kshs. 100,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SHEDRACK WANJALA<br/>ADM NO: DRAC/224J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SHERWIN KIPROP MATONY<br/>ADM NO: DCEN/035J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



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**AUTHORISED OFFICER**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SHIKUKU DIANA.A.ADISA<br/>ADM NO: DIMB/229J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SHIRLYNN KANGUHA MULOMA<br/>ADM NO: DTEE/0534/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SHUME MARK HEKIMA<br/>ADM NO: BTMA/178J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SIFUNA J BRYAN<br/>ADM NO: BSCH/231J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SILVANCE OKOTH ADOYO<br/>ADM NO: DTM/0117/2018</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SILVESTER NDUNGU MBUGUA<br/>ADM NO: DTEE/0779/2022</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SIMON MULWA ONESMUS<br/>ADM NO: DMEN/0278/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SIMON MUTUKU KALEKYE<br/>ADM NO: DME/0248/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SINDA EDVIN ONYANCHA<br/>ADM NO: DBTE/041J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SIRINGI ELIZABETH MORAA<br/>ADM NO: BSTM/724J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SIRYAH MAITHA<br/>ADM NO: DARC/0211/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SNAIDER AKINYI OBINGO<br/>ADM NO: BTHM/0086/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SODA MAKUPE BRAYAN<br/>ADM NO: BMLS/255J/2019</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SOFIA RASHID SADARA<br/>ADM NO: DPMM/1169/2022</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SOITA JOHN LEITH<br/>ADM NO: DRAC/150J/2019</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SORIMPAN KARANI DENNIS<br/>ADM NO: BTMA/053J/2017</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: STARBORN OLUOCH ODHIAMBO<br/>ADM NO: BSCH/242J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: STEPHEN MAKORI OTARA<br/>ADM NO: BTEE/280J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: STEPHEN MUTETHYA PETER<br/>ADM NO: DAE/158J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: STEPHEN NJOROGE KAGIRA<br/>ADM NO: DHIM/0326/2021</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SUDI MASHA MWAKULONDA<br/>ADM NO: DTEE/0604/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SUHAM MOHAMUD SAID<br/>ADM NO: DCEN/0003/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SUMEYA ABDIAZIZ<br/>ADM NO: DQS/351J/2021</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SURE MARTIN SINCLAIR<br/>ADM NO: DSLT/234J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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**AUTHORISED OFFICER**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SUSAN MWANGIRI RAYMOND<br/>ADM NO: DME/143J/2019</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SUSAN MWARANIA MUHORO<br/>ADM NO: DSLT/249J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SWABRA HASSAN MOHAMED<br/>ADM NO: DPMM/1173/2022</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SWALEH KADENGE ABDALLAH<br/>ADM NO: DBM/0602/2022</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SWANYA DANIEL ONGERA<br/>ADM NO: BTCE/087J/2017</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: SYLVESTER KOKANI JILLOH<br/>ADM NO: DBCE/0576/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: TAMIMA SAID CHEUPE<br/>ADM NO: DACC/0488/2021</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: TEDDY DAN OMONDI<br/>ADM NO: DCEN/041J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: TEKWENYI DENNIS KWEMOI<br/>ADM NO: BSTM/767J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: TERESIA NDUTA KIARIE<br/>ADM NO: DHIM/0312/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: THIONGO DENNIS WABURI<br/>ADM NO: BTCE/266J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: TITUS KIPROTICH KOECH<br/>ADM NO: DTME/157J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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**AUTHORISED OFFICER**

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: TOO KIPLIMO EZRA<br/>ADM NO: BTCE/321J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: TOROITICH JEPKORIR<br/>ADM NO: DSLT/230J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: TRACY KHASOA TATARA<br/>ADM NO: DCS/070J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: TRACY TAYLOR AWUOR<br/>ADM NO: DHRM/0511/2022</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: TUITOEK KOECH DAN<br/>ADM NO: DICT/396J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: TIVA LUCY NEEMA<br/>ADM NO: DCEN/044J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: UMU HADADI ALI<br/>ADM NO: DACC/0516/2022</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: UZWENI NEVINCE IMALWA<br/>ADM NO: DRAC/140J/2019</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: VALENTINE KHAZENZI AKHUNGU MICHAEL<br/>ADM NO: DBCE/260J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: VALENTINE O ODHIAMBO<br/>ADM NO: BTCE/315J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: VALLARY AKOTH ONGONG<br/>ADM NO: DMAE/201J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: VANDAGRO SHITANDI<br/>ADM NO: BMLS/332J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



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AUTHORISED OFFICER**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: VENESSA WAIRIMU WAMUYU<br/>ADM NO: DME/0253/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: VERONICA CHEPOISHO<br/>ADM NO: DPT/238J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: VICTOR WANDO<br/>ADM NO: DTEE/512J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: VICTOR AKHUPA<br/>ADM NO: BSCE/350J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: VICTOR DAN KIRUI<br/>ADM NO: DRAC/0028/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: VICTOR KIPCHUMBA<br/>ADM NO: DARC/317J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: VICTOR WASUA KAILITI<br/>ADM NO: DME/0260/2021</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: VINCENT KIBET LANGAT<br/>ADM NO: DMEN/137J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: VINCENT MUNYAO MBOYA<br/>ADM NO: DARC/0179/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WACHIRA LEWIS MURIITHI<br/>ADM NO: DBTE/007J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WAINAINA DANSON NJUBI<br/>ADM NO: DARC/308J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WAINAINA JOB KARANJA<br/>ADM NO: DRAC/195J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



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**AUTHORISED OFFICER**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WAINAINA NANCY WAITHERA<br/>ADM NO: BTME/218J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WAIRIMU PENINAH NDIKO<br/>ADM NO: BTMD/220J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WAITA FAITH KATULU<br/>ADM NO: Dltm/324j/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WAITHIRA JENNIFER REHEMA<br/>ADM NO: DTME/118J/2019</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WAKESHO G. KALA<br/>ADM NO: DACC/687J/2021</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WAMBUA JACKSON MWENDWA<br/>ADM NO: BTME/234J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Funeral Expenses            | -Kshs 20,000   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Private tuition             | - Kshs 5,000   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



**For: TAKAFUL INSURANCE OF AFRICA  
AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WAMBUI AUSTIN NGUGI<br/>ADM NO: DAE/174J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WAMBUI DIANA WANJIRU<br/>ADM NO: BMLS/284J/2019</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WAMBUI JACKLINE WANJERI<br/>ADM NO: BSTM/718J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WAMBUI SIMON NDUNG'U<br/>ADM NO: DCEN/030J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WANDERA JORDAN<br/>ADM NO: BTCE/295J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WANGARI MICHAEL MUIKIA<br/>ADM NO: BTEE/186J/2019</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WANGILA DAVIS MUSASIO<br/>ADM NO: DCS/043J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WANGOI MARIAM<br/>ADM NO: DBA/049J/2017</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WANGUI AIDA ROSE<br/>ADM NO: BMLS/314J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WANJALA SEITH WAFULA<br/>ADM NO: BTCE/336J/2021</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WANJAMA ALEX KABUI<br/>ADM NO: BMLS/316J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WANJIKU BLESSING GICHOHI<br/>ADM NO: DME/203J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WANJIKU ESTHER WANJIRU<br/>ADM NO: BTMD/146J/2019</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



**For: TAKAFUL INSURANCE OF AFRICA  
AUTHORISED OFFICER**



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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WANJIRU LYDIA WANGUI<br/>ADM NO: DLTM/281j/2019</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WANJIRU TERENCE NGARI<br/>ADM NO: DAE/167J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WANYAMA ABDUL JUMA<br/>ADM NO: BSEH/241J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WANZA BEATRICE ESTHER<br/>ADM NO: DHIM/229J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WANZA FLORENCE<br/>ADM NO: DLTM/313J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WARREN BARRET<br/>ADM NO: DBTE/050J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



**For: TAKAFUL INSURANCE OF AFRICA  
AUTHORISED OFFICER**

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WARUATHIA BRENDA NYAKAIRU<br/>ADM NO: DTEE/498J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WARUI CRISPUS KARIUKI<br/>ADM NO: DTEE/405J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WARUKURI PAUL MUTUGI<br/>ADM NO: BTME/220J/2020</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WASWA GREGORY NJEBENI<br/>ADM NO: DHIM/213J/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WAWERU LORNAH WAMBUI<br/>ADM NO: DTEE/407J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WEI-WEI PYATICH ENOS<br/>ADM NO: DME/232J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Funeral Expenses            | -Kshs 20,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Private tuition             | - Kshs 5,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

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| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WEKESA ELVIS WANGILA<br/>ADM NO: DBCE/0574/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WEKESA PAUL HERI<br/>ADM NO: DTEE/415J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WEKESA WANYONYI SAMWEL<br/>ADM NO: BTMA/177J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WILLIAM OINO ORERO<br/>ADM NO: DTME/0053/2020</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WILSON MWAGESHA MTWAMWAKI<br/>ADM NO: DPMM/1153/2022</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WINNIE ADHIAMBO OMONDI<br/>ADM NO: DHRM/0520/2022</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: WINNIE KERUBO ONDERI<br/>ADM NO: BSTM/801J/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: XYANIC SHEITH MASESE<br/>ADM NO: DME/229J/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: YAKOUB MASOUD MZEE<br/>ADM NO: DICT/0521/2020</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: YATICH WILSON<br/>ADM NO: BTCE/337J/2021</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b><u>Benefit</u></b>       | <b><u>Limit</u></b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: YEGON KEVIN KIPSANG<br/>ADM NO: DLTM/223J/2019</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|--|-----------------------|---------------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: YUNUS MOHAMED AHMED<br/>ADM NO: DBM/0603/2022</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>   |                       |                     |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: YVONNE WANJIKU MBURU<br/>ADM NO: DICT/0598/2021</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Limits of Indemnity</b>  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Benefit</u></th> <th style="text-align: right;"><u>Limit</u></th> </tr> </thead> <tbody> <tr> <td>Death</td> <td style="text-align: right;">- Kshs. 150,000/=</td> </tr> <tr> <td>Permanent Total Disablement</td> <td style="text-align: right;">- Kshs. 100,000/=</td> </tr> <tr> <td>Artificial limbs</td> <td style="text-align: right;">- Kshs 20,000/=</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align: right;">- Kshs. 50,000</td> </tr> <tr> <td>Funeral Expenses</td> <td style="text-align: right;">-Kshs 20,000</td> </tr> <tr> <td>Private tuition</td> <td style="text-align: right;">- Kshs 5,000</td> </tr> </tbody> </table> | <u>Benefit</u> | <u>Limit</u> | Death | - Kshs. 150,000/= | Permanent Total Disablement | - Kshs. 100,000/= | Artificial limbs | - Kshs 20,000/= | Medical Expense | - Kshs. 50,000 | Funeral Expenses | -Kshs 20,000 | Private tuition | - Kshs 5,000 |
| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Medical Expense             | - Kshs. 50,000  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

Date of Issue: 13/05/2022



For: **TAKAFUL INSURANCE OF AFRICA**  
**AUTHORISED OFFICER**

**COVER NOTE**

The proposer, named in the Schedule, having proposed to **TAKAFUL INSURANCE OF AFRICA LTD** for insurance in respect of **GROUP PERSONAL ACCIDENT POLICY** is hereby held covered on the agreed terms and conditions against the risks described in the schedule for the period shown: -

| <b>Name of the Proposer</b> | <b>TECHNICAL UNIVERSITY OF MOMBASA<br/>P.O BOX 90420-80100<br/>MOMBASA</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ZAINAB ALI SALIM<br/>ADM NO: DBM/0507/2019</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <u>Benefit</u>              | <u>Limit</u>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Death                       | - Kshs. 150,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Permanent Total Disablement | - Kshs. 100,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| Artificial limbs            | - Kshs 20,000/=   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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|-----------------------------|---|----------------|--------------|-------|-------------------|-----------------------------|-------------------|------------------|-----------------|-----------------|----------------|------------------|--------------|-----------------|--------------|
| <b>STUDENTNAME/ADM NO.</b>  | <b>NAME: ZAMZAM HANNA MIKAEL<br/>ADM NO: DTEE/0567/2020</b>   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Period</b>               | From: 03/01/2022 TO 02/01/2023  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>Class of Insurance</b>   | <b>Group Personal Accident</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
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| <b>Policy No.</b>           | P/GAR/2022/402/139260   |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |
| <b>ATTACHMENT PERIOD</b>    | <b>3MONTHS</b>  |                |              |       |                   |                             |                   |                  |                 |                 |                |                  |              |                 |              |

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