

# INSTRUCTION TO RENEW COVER

Please fill this coupon and return it to us with your renewal payments as acknowledgement of renewal invitation.

Name..... Membership Number.....  
Address .P.O. BOX..... CODE ..... TOWN.....  
Tel (O)..... Mobile (Cell).....  
Email.....  
Grand Total Paid:..... Payment Mode.....  
Payment Reference (Mpesa reference no.).....  
Name..... Signature..... Date.....

**Kindly update AAR Insurance in case of any change in your contact information during your benefit year.**

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