

POLICY PROPOSAL FORM



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GROUP NAME

	POLICY NUMBER	7	3	7															
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DETAILS OF MAIN MEMBER

Title		Initials		First Name		Surname					
ID Number						Marital Status	M	S	Gender	M	F
Cell						Network	Cell C	MTN	Telkom Mobile	Vodacom	
E - Mail											

BENEFIT OPTION CHOSEN

NAME OF BENEFIT OPTION (as per the agreement)									
Premium per Member per Month	R								

A once-off Policy Fee of R150 is payable per member with the first premium

DETAILS OF SPOUSE

Title		Initials		First Name		Surname	
ID Number							

DETAILS OF FAMILY MEMBERS (Including Extendeds)

Surname	First Names	Relationship	ID Number	Gender
1.				M F
2.				M F
3.				M F
4.				M F
5.				M F
6.				M F
7.				M F
8.				M F
9.				M F
10.				M F
11.				M F
12.				M F
13.				M F

Only Super 14 Members may have 13 dependants.

MAIN MEMBER SIGNATURE _____ SIGNED AT _____ THIS _____ DAY OF _____ 20_____

DETAILS OF SALES AGENT

Agent	
Signature	Date