



<b><u>PLANS:</u></b>																	
<i>(TICK PLAN YOU WISH TO ENQUIRE ABOUT)</i>																	
BASIC PLAN						CREMATION PLAN											
STANDARD PLAN						TOMBSTONE PLAN											
EXECUTIVE PLAN						REPATRIATION PLAN											
A. DETAILS OF MAIN MEMBER																	
SURNAME								FULL NAMES									
ID NUMBER:																	
GENDER:		MALE				FEMALE				AGE				MARITAL STATUS			
TEL NUMBER:								CELL NUMBER:									
EMAIL ADDRESS:								NATIONALITY:									
ADDRESS:																	
B. DETAILS OF DEPENDENTS																	
RELATIONSHIP	NAME AND SURNAME						ID NUMBER (Must be full ID numbers not only Date of Birth)						GENDER				
SPOUSE															M	F	
CHILD 1															M	F	
CHILD 2															M	F	
CHILD 3															M	F	
CHILD 4															M	F	
DEPENDANT 1															M	F	
DEPENDANT 2															M	F	
DEPENDANT 3															M	F	
DEPENDANT 4															M	F	
C. BENEFICIARY DETAILS																	
SURNAME								FULL NAMES									
ID NUMBER																	
TEL NUMBER								RELATIONSHIP									
D. DECLARATION																	
I understand this document is not an application. It does not stand as an approved agreement in place between the main member and the underwriters. This is only my information requesting a quotation.																	
MAIN MEMBER SIGNATURE								DATE		Y	Y	Y	Y	M	M	D	D
E. MINI NEEDS AND AFFORDABILITY ANALYSIS																	
How many funeral policies due you presently have?						Do you understand the terms of this policy?				Y	N						
How much are you paying for them?				R		Do you understand the waiting periods?				Y	N						
Can you afford the premium of this policy?				Y	N	Do you want this policy?				Y	N						