

Child 10-

FIRST FUNERAL ASSURANCE COMPANY

HEAD OFFICE:
No. 6 Caithness Road
Eastlea, Harare
Box 2439, Harare
Email: ffa@ffa.co.zw
Tel: 04-776136, 04-746553

No. 1 Kwame Nkrumah 3rd Floor Centre Wing Tel: 04-751098, 04-751255 04-751094 Box 2439, Harare Email: ffa@ffa.co.zw



INSURANCE BROKERS

Life, Pension, Funeral and General Insurance

1 Kwame Nkrumah 2nd Floor Suite 14 Harare Box 2439, Harare Email: ffa@ffa.co.zw Tel: 04-749996 08644084088

Son/Daughter

		PROPO	S	AL FORM		Policy	Number	13976	9
WHOLE CLAN I	FUNERA	L ASSU	RA	NCE POLICY		WC			
WHOLE FAMILY	FUNER	AL ASSU	RA	NCE POLICY		WF			
Accident Benefit	Hospit	tal Benefit		Other					
Budget	Basic			Standard		Exe	cutive	1.3	
A. PROPOSER/PRINC	IPAL MEMB	ER DETAILS		*					
Surname (Title: MR/MRS/MISS/DR				First Name/s					
Date of Birth	Ma	arital Status		Male Female	Natio	nal I.D. No_			
Telephone	Cell phone			E-mail Address					
Residential Address				· · · · · · · · · · · · · · · · · · ·					
Name and Address of Employer									
			G	ross Salary					
Occupation									
Monthly Premium				spital Benefit	Other				
Total Premium	niumSum Assured			Term Effective Dat			tive Date	ate	
Accident Benefit S/Assured Hospital Ben			enefit S/Assured Other S/Assured						
Existing Policy No			_Exis	sting Partnership					-11
	Tick where applica		,	FREQUENC			(Tick where applica		
cash Mobile network	Stop order	Direct Debit		Monthly	Qua	rterly	½Yearly	Yearly	
Name of Bank / Building Society	-			Account Number			Branch Na	me	
Debits are to operate on the				ay of every Month for the dur	ation of th	e policy.			
Stop Order Details/Company Nan					_ EC N	lumber			*
INMACDIATE FAMILY M	EMPER								
Spouse Full Name				Date of Birth					
Children (under the age of 18)									
Child 1				D.O.B.	ŭ.			Son/Da	ughter
Child 2							HEVO	Son/Dat	-
Child 3			100	D.O.B.			Control of the second	Son/Da	
Child 4	E .								
Child 5	es il glee I fall acc	explication in the second					-eri agesti ent os		
Child 6				7					
Child 7									STATE OF THE PARTY
				D.O.B.					THE REAL PROPERTY.
Child 8									DIVID:
Child 9				D.O.B_	-			Son/Da	ughter

OTHER DEPENDENTS / STAFF MEMBERS

PACKAGES - BASIC, STANDARD AND EXECUTIVE

SURNAME	FIRST NAME/S	DATE OF BIRTH	RELATIONSHIP	PACKAGES	ADDITIONAL PREMIUM
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RECERCIARIES.		12-12	1-1-1-1	5.8161-6.9T	
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COMMENCEMENT OF COVER					

There is a waiting period of 1 month after first premium has been paid for applicants and beneficiaries below the age of 60 and 6 months for other applicants/beneficiaries above 60 years old at inception unless death is due to an accident.

ec			

I declare to the best of my knowledge that, the particulars and information given above are true and correct. I am fully aware that only those registered above will get cover

Signature Of Prosper:	Date:	
INTRODUCER'S NAME:	CODE	
BRANCH:		