



# 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

# PROGRESSIVE

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

## PROPOSAL FORM

Policy Number **139762**

**WHOLE CLAN FUNERAL ASSURANCE POLICY**  **WC**

**WHOLE FAMILY FUNERAL ASSURANCE POLICY**  **WF**

Accident Benefit  Hospital Benefit  Other

Budget	Basic	Standard	Executive
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### A. PROPOSER/PRINCIPAL MEMBER DETAILS

Surname (Title: MR/MRS/MISS/DR) \_\_\_\_\_ First Name/s \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Male  Female  National I.D. No \_\_\_\_\_

Telephone \_\_\_\_\_ Cell phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Residential Address \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_

Occupation \_\_\_\_\_ Gross Salary \_\_\_\_\_

Monthly Premium \_\_\_\_\_ Accident Benefit  Hospital Benefit  Other 

Total Premium \_\_\_\_\_ Sum Assured \_\_\_\_\_ Term \_\_\_\_\_ Effective Date \_\_\_\_\_

Accident Benefit S/Assured \_\_\_\_\_ Hospital Benefit S/Assured \_\_\_\_\_ Other S/Assured \_\_\_\_\_

Existing Policy No \_\_\_\_\_ Existing Partnership \_\_\_\_\_

### B. MODE OF PAYMENT

(Tick where applicable)

cash	Mobile network	Stop order	Direct Debit
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### FREQUENCY:

(Tick where applicable)

Monthly	Quarterly	½ Yearly	Yearly
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Name of Bank / Building Society \_\_\_\_\_ Account Number \_\_\_\_\_ Branch Name \_\_\_\_\_

Debits are to operate on the \_\_\_\_\_ Day of every Month for the duration of the policy.

Stop Order Details/Company Name \_\_\_\_\_ EC Number \_\_\_\_\_

### C. IMMEDIATE FAMILY MEMBERS

Spouse Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Children (under the age of 18)

Child 1 \_\_\_\_\_ D.O.B. \_\_\_\_\_ Son/Daughter

Child 2 \_\_\_\_\_ D.O.B. \_\_\_\_\_ Son/Daughter

Child 3 \_\_\_\_\_ D.O.B. \_\_\_\_\_ Son/Daughter

Child 4 \_\_\_\_\_ D.O.B. \_\_\_\_\_ Son/Daughter

Child 5 \_\_\_\_\_ D.O.B. \_\_\_\_\_ Son/Daughter

Child 6 \_\_\_\_\_ D.O.B. \_\_\_\_\_ Son/Daughter

Child 7 \_\_\_\_\_ D.O.B. \_\_\_\_\_ Son/Daughter

Child 8 \_\_\_\_\_ D.O.B. \_\_\_\_\_ Son/Daughter

Child 9 \_\_\_\_\_ D.O.B. \_\_\_\_\_ Son/Daughter

Child 10 \_\_\_\_\_ D.O.B. \_\_\_\_\_ Son/Daughter

