



SCORE PACK FUNERAL PLAN

SCRG 3111



SAHWIRA MUKURU
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ENTRY DATE..... POLICY NUMBER

A. LIFE TO BE ASSURED/PRINCIPAL MEMBER DETAILS

1. Surname
2. First Name/s
3. Date of Birth
4. (i) Male/Female
(ii) Marital Status
5. National ID No.
6. Other Identification details
7. E-mail Address
8. Effective Date of Cover
9. Telephone/Cell phone details
10. Postal address
11. Name of Bank/Building Society
Branch Name
Account No.

B. DETAILS OF PERSON RESPONSIBLE FOR PAYMENT OF PREMIUMS (Fill in and Tick In Appropriate Box)

Surname
First Name/s
National ID No.
Relationship
Postal Address:
Mode of Payment
Frequency
CASH
DEBIT ORDER
STOP ORDER
Monthly
Quarterly
1/2 Yearly
Annually
Has the premium been paid
Receipt Number
Telephone/Cell phone details
E-mail Address
Name of Bank/Building Society
Account Number
Branch Name
Debits are to operate on the
Day of
and every
monthly after
Stop Order Details/Company Name
EC Number

C. LIFE COVER DESIRED (PLEASE TICK IN THE APPROPRIATE BOX AND INDICATE PREMIUM TO BE PAID)

LIFE COVER LEVEL (Tick appropriate box)
PLATINUM PLUS
DIAMOND PLUS
GOLD PLUS
SILVER PLUS
PLATINUM STANDARD
DIAMOND STANDARD
GOLD STANDARD
SILVER STANDARD

D. PLEASE GIVE DETAILS OF YOUR FAMILY/OTHER DEPENDANTS TO BE COVERED:

Table with columns: Surname, First name/s, Gender, Date of Birth, ID Number, Relationship. Includes a row for Premium Payable in USD.

Declaration

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

Signature of Proposer/ Life Assured

INTRODUCER

STAMP/CODE