

**Funeral plan**

## Proposal Form

No:.....

PRODUCT: NTABARA Plan  
KOMERA Plan  
MFATAMUMUGONGO Plan  
SINZAKWIBAGIRWA plan  
Sum Assured: 500,000 750,000 1,000,000 1,500,000 2,000,000 3,000,000

**1- Principal assured**Are you assured at Sanlam Vie?  Yes  Not

Agent code:.....

Surname:.....Others names:..... Sex :  M  F

Born on:...../...../.....Marital status:.....Nationality:.....

Place of birth.....Residence.....

Sector:.....District:.....Province.....

Profession/Occupation:.....Employer:.....Email:.....

Tel Mobile:.....Fax:.....

No ID:.....Passport No:.....

**2- 1 Subscriber (if different from assured)**Surname:.....Others names:.....Sex:  M  F

P.O.Box: .....Tel:.....Fax :.....

Profession/Occupation :.....Employer :.....Born on :...../...../.....

Email:.....Tel:.....No CI:.....

**2- 2 Subscriber (if Group or Employer)**

Names :.....P.O.Box:.....Tel :.....

Email :.....Fax :.....

**RDB Registration**

Registration No:.....Registration Date:...../...../.....

Registration place:.....

### 3. Members covered and covers

#### 3.1. Immediate Family

| Name | Relationship | Date of birth |
|------|--------------|---------------|
| 1.   |              |               |
| 2.   |              |               |
| 3.   |              |               |
| 4.   |              |               |
| 5.   |              |               |
| 6.   |              |               |

No medical questionnaire. The death other than accidental death, the cover will start after three (3) months

#### 3.2. Parents

| Name | Relationship | Date of birth |
|------|--------------|---------------|
| 1.   |              |               |
| 2.   |              |               |
| 3.   |              |               |
| 4.   |              |               |
| 5.   |              |               |
| 6.   |              |               |

No medical questionnaire. The death other than accidental death, the cover will start after three (3) months

#### 3.3. Wider Family

| Name | Relationship | Date of birth |
|------|--------------|---------------|
| 1.   |              |               |
| 2.   |              |               |
| 3.   |              |               |
| 4.   |              |               |
| 5.   |              |               |
| 6.   |              |               |

No medical questionnaire. The death other than accidental death, the cover will start after three (3) months

### 5. Premium payable and payment details

Annual premium: Pay mode : Cash Bank Check

Salary deductionPayment duration.....Bank Account No:.....

### 6. Declaration

I apply to Sanlam Vie Plc for the policy asset out in this form.

I have read this application form and declare that the statements in it are true and complete to the best of my knowledge and belief.

Done at .....,the .....

Names and stamp of the Assured preceded by

« read and approved »

Reserved to the Company The Sanlam Vie decision:

Signature and stamp

Particular Remarks: