



# sacos

## Proposal Form Funeral Cover

### A. LIFE ASSURED/MAIN MEMBER DETAILS

Name of Insured

Date of Birth

Male  Female

Marital Status

Maiden name

Age at entry

NIN No.

**\* Provide proof of ID**

Other Identification details (Driver's Licence/Passport)

Nationality

Residential Address

Mailing Address

**\*Proof of residential address should be submitted (not older than 3 months)**

**(if different from Residential Address)**

Telephone (HOME)

Telephone (BUSINESS)

Telephone (MOBILE)

E-mail Address

### B. DETAILS OF PERSON RESPONSIBLE FOR PAYMENT OF PREMIUMS

Full name

NIN No.

Relationship

Residential Address

Mailing Address

**\*Proof of residential address should be submitted (not older than 3 months)**

**(if different from Residential Address)**

Telephone/Cellphone Details

E-mail Address

**Mode of Payment**

Cash  Salary deduction  Standing Order

**Frequency**

Monthly  Quarterly  Half Yearly  Yearly

Name of employer (for salary deduction)

Post title

Name of Bank

Account number

Account holder's name

