

MOTSHIDISI FUNERAL PLAN - CUSTOMER INFORMATION FORM (Ver 3)

MAIN MEMBER DETAILS

Product Number:

Policy Number:

Product/ Plan Amount:

Customer ID/Passport No:

Customer Name:

Customer Surname:

Policy Holder's DOB :

Postal Address:

Gender (Please Tick): Male Female

Mobile No:

BENEFICIARY DETAILS

Beneficiary ID :

Beneficiary Name :

Beneficiary Surname:

Beneficiary DOB:

Postal Address:

Cell No.:

POLICY PAYER DETAILS

Omang / Passport No :

Payment Method : Cash Debit Order Other

Bank Name :

Branch Name :

Account Type : Current Cheque Savings Other

Account Number

Account Holder Name :

Account Holder Surname:

Deduction Date :

Any payments in arrears must be collected additionally with the first deduction

Declaration : I, the undersigned, request Hollard Life Botswana to arrange with my bank to collect, by means of the debit order system, the payments in terms of the stipulations of the contract, payments in arrears and debit instalments (as they may be amended from time to time/where applicable/where so requested) of the above-mentioned plan against my account. Please note that there will be an extra charge of P5.00 that may be changed from time to time.

Signature:

Date: