



CONSULTANCY & INSURANCE
AGENCY LTD

AGENTS NO/DSO
CODE.....
ACCOUNT
NUMBER.....

FUNERAL PLAN

Benefits	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
Mortuary and Hospital costs	40,000	50,000	100,000	65,000	80,000	100,000
Burial plots and labour of burial site	N/A	10,000	30,000	80,000	100,000	100,000
Obituaries and other announcements	N/A	N/A	15,000	40,000	50,000	70,000
Casket or Urn	15,000	15,000	30,000	65,000	80,000	100,000
Cremations	N/A	N/A	N/A	50,000	80,000	100,000
Refreshments, tent, seats etc.	N/A	N/A	5,000	10,000	15,000	20,000
Hearse	N/A	N/A	5,000	25,000	40,000	50,000
Wreath	N/A	N/A	N/A	12,000	15,000	20,000
Transportation	N/A	N/A	5,000	7,500	7,500	10,000
Annual Premium per individual and/or investment Group member.	500	750	1,000	3,545	4,675	5,700
Annual premium per family of 6 and/or Investment Group(Maximum 6 members)	1,000	1,200	2,000	6,753	7,916	9,651
Annual Premium with one parent	1,200	1,500	2,400	7,093	8,314	10,137
Additional premium per parent	200	300	400	745	980	1200
Additional premium per child	50	75	100	355	467	570

A. FAMILY COVER

PERSONAL DETAILS

Applicant Name	Surname	Title	Date of Birth	Gender	Marital Status

PIN Number	Postal Address	Mobile/Telephone No	Email Address

SPOUSES DETAILS

First Name	Surname	Title	Date of Birth	Gender

PIN Number	Postal Address	Mobile/Telephone No	Email Address

DEPENDANTS DETAILS

Children	Surname	First Name	Gender	Date of Birth



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1.				
2.				
3.				
4.				
Parents & Parents in Law (under 80 Years joining)				
1.				
2.				
3.				
4.				

I do hereby authorize CIC Life Assurance Ltd in the event of my death, to pay benefits under this policy to

Beneficiary Name	Beneficiary Surname	Relationship	Telephone No	Address
1.				
2.				
3.				
4.				

B. INVESTMENT GROUP MEMBERS

Group Members Name	PIN number	Gender	Telephone No	Address
1.				
2.				
3.				
4.				
5.				
6.				

NB: - For any additional group member, the member(s) can be added at an additional premium depending on the option chosen.

I do hereby authorize CIC Life Assurance Ltd in the event of my death, to pay benefits under this policy to

Group Members Name	Beneficiary 's Name	Relationship	Telephone No	Address
1.				
2.				
3.				
4.				

Period of cover: From To

All statements in this application are true and complete to the best of my knowledge and belief and they shall form part of my contract with CIC Insurance Company limited.

Signature Date



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