





Help to complete the Application form



Insurance application form

The following sections must be completed and signed as follows:

• Sections 1-11 to be completed by the Policyholder

• Sections 12-15 to be completed by the Next of kin/Policyholder

Please confirm the insurance package you have selected under the 'Insurance Preferences' heading.

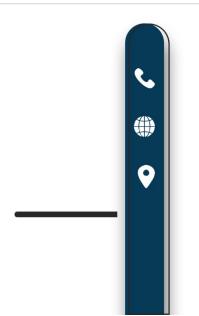
All parties involved in the contract must sign the general disclosures. Additionally, the Policyholder should initial each page. If the Policyholder or Premium Payer is a company, trust, or non-natural entity, please make sure that the relevant addendums are enclosed when submitting the application.

Section 1-11. Policyholder Information

"I hereby complete this insurance application form for EFS."

Surname of Policyholder			
First name of Policyholder			
Gender	Male	Female	
ID/Passport/Birth Entry No:			
Data of Disth			
Date of Birth			
Email			
Cellphone No			
Nationality			
Marital Status	Single	ried Divorced Wido	wed
Mantal Olatoo			wea
Residential Address			
Mailing Address (if different)			







Sections 12-15. Next of Kin Information

Surname			
First name			
Gender	Male	Female	Date of Birth
ID / Passport / Birth Entry No:			

Packages

LIST	Annual	YEAR 2	YEAR 3
Standard	R 100	R 20	R 80
Exclusive Bundle	R 120	R 20	R 100
Prestige Package	R 240	R 40	R 200
Luxury Access	R 340	R 40	R 300
Prime Portfolio	R 460	R 60	R 400
Gold Membership	R 560	R 60	R 500
VIP Collection	R 670	R 70	R 600
Signature Series	R 780	R 80	R 700
Platinum Package	R 1 000	R 100	R 900

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First-Class Suite	R 1 100	R 100	R 1 000
Supreme Selection	R 1 330	R 130	R 1 200
Premium	R 1 550	R 150	R 1400
Diamond Suite	R 1 750	R 150	R 1 600
Ultimate Experience	R 2 000	R 200	R 1 800
Elite Suite	R 2 200	R 200	R 2 000
Premium First Class	R 2 500	R 300	R 2 200
Premium Selection	R 2 800	R 300	R 2 500
Premium Diamond	R 3 000	R 300	R 2 800
Premium Star	R 4 000	R 500	R 3 500
Premium Suite	R 5 000	R 500	R 4 500

Who is allowed to join (from which age)?

Being that as it may be, it is of paramount importance to note that EFS Insurance doesn't only cover incoming/operating businesses, small companies, and products, but it also ensures your money/ savings, including newborn babies (we cover the financial savings up to when the child has grown up to be an adult and he/she is liable to claim the money)

Summary

"When it comes to the packages, the Annual Payment refers to the amount that you need to pay, while the Fee is the money that is deducted from the Annual Payment. The Total Net is the amount that is left after the deduction, and it is stored in your account.

Promo

Our promotions are available for clients who have been with us for five years or more. For clients who have been with us for five to eight years and have never made a claim, we offer a 2% increase on their withdrawal. For clients who have been with us for ten years or more and have never made a claim, we offer a 5% increase on their withdrawal







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Insurance Preferences					
Type of Insurance Coverage Desired:	My Money Starting Business Small Business Small Products				
Package	Package Price				
We recommend that the beneficiary be the same person as your next of kin for security purposes. For more information, please contact us.					
Beneficiary Information:					

Full Name	
Relationship to Applicant	
ID / Passport / Birth Entry No:	

Additional Information:

How did you hear about our insurance company?		
Have you previously held insurance coverage?	YES	NO
If yes, please provide details:		

Declaration:

"I confirm that all the information provided in this application form is true and accurate to the best of my knowledge. I understand that any misrepresentation or omission may lead to the denial of coverage or cancellation of my policy."

Date of Registration:

Signature: _____



