

FSP TERMINAL EXPENSE PLAN

	APPLICATION					
	Mark with "X": is this a	New Policy	or an An	nendment 💮	to your existing Sanlam Policy?	
1	Who is the Main Assured?		2 V	Vho is the Spouse?		
Ĭ	TITLE:	FULL NAMES:		, TITLE:	FULL NAMES:	
	CUDNIANAE			CUIDALAAAE		
	SURNAME:		, (_ SURNAME:	,	
	GENDER:	IDENTITY NUMBER:		GENDER:	, IDENTITY NUMBER:	
			() (
	MARITAL STATUS:	DATE OF BIRTH:	,	MARITAL STATUS:	DATE OF BIRTH:	
	POSTAL ADDRESS:			POSTAL ADDRESS:		
	POSTAL ADDRESS:		1	POSTAL ADDRESS:		
	TELEPHONE NUMBER:	LANGUAG	: AFR/ENG	TELEPHONE NUMBER:	LANGUAGE: AFR/ENG	
	w:			W:		
	CELL:	E-MAIL ADDRESS:	(CELL:	E-MAIL ADDRESS:	
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3		dren? (R1.22 premium extra per chilo	from the 5th child)		- 0	
	Name and Surname:			Gender	: Date of birth:	
	1					
	(2					
	(3					
	(4			, (
4	Extended Family (optional)					
٦	Name and Surname:					
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	(2	. (
		thday)(In case of insufficent space your	av complete the addition	nal information on a sene	rate sheet attach to the application form.)	
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	ANB (Mark with "X")	1 Individual aution	PLAN A			
	Main Member	1. Individual option	\sim	\circ	Premium pm (
		2. Family option	\sim	\mathcal{C}	Premium pm	
		3. Additional Spouse option4. Parent and Extended Family	\sim	\mathcal{C}	Premium pm (
	Initial Fee: R 20.00	•	O	0 0	Premuim pm (
لِ		option			IOldi. N	
6	∡	rhom should the benefit be payable				
	Full Names and Surname		Date of birth	Relation	nship % of Benefit	
7	What is your banking details?	If using a cheque account, please at	tach a cancelled chec	ue. We don't accept Po	st Office or FNB savings accounts.	
٦		e account O Savings account (
		BRANCH (, Account number (
	Account holder: (initials and S		(CODE C.	,	/ recount named	
	/ leed an it i i di alei i (ii i i i i alei alei alei i a	- air i air i e j				
6	Dobit order outberiesting for	ECD Colusions				
8	Debit order authorisation for					
8	I hereby instruct and authoris	se FSP Solutions Reg no: 2003/00061			he above mentioned Bank or any other bank	
8	I hereby instruct and authoris or branch to which I may trar	se FSP Solutions Reg no: 2003/00061 Isfer my account with the monthly p	remium payable as in	dicated below in respe	ct of the assurance being applied for on	
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