



Vineyard
Funeral Assurance
 Fortified Peace Of Mind

Head Office
 Ambica House
 158 Kaguvi St.
 Harare
 P.O. Box 66974
 Kopje
 Harare
 Tel: 0242 750766/753072
 0772 721 962, 0719 753 070
 E-mail: info@vineyardfuneral.co.zw
 www.vineyardfuneral.co.zw

Masvingo
 4 Hellet Street
 Masvingo
 Cell: 0719 753 078

Karoi
 757 Chirundu Highway
 Karoi
 Cell: 0719 753 076

Kwekwe
 Shop No. 1
 Cnr 2nd Street
 Chikowore Building
 Kwekwe
 Cell: 0719 753 077

Bulawayo
 33A
 Fort Street
 Bulawayo
 Cell: 0719 753 074

Bindura
 Matuka Complex, Std No. 846
 Chenjerai Hunzvi Street
 Bindura
 Cell: 0719 753 073

Name of Representative: _____ Agency Code: _____

PROPOSAL FORM

Date: _____

Surname (Mr/Mrs/Miss) _____

Proposal / Policy No:

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Forenames: _____

ID No.

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Home Address: _____

Postal Address: _____

Email Address: _____ Mobile No/s: _____

Name of Company: _____ Tel (Bus): _____ (H) _____

Profession / Occupation: _____ Salary \$: _____

Employee Code / Works No:

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 C.D. UNIT

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 DEPT/STN

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Marital Status.

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 Name of Spouse: _____

Next Of Kin _____ Relationship _____

Home Address: _____

Cover Required/ Sum Assured	Premium	Mourners Transport		Tick where Applicable					
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type of Policy	<input type="checkbox"/> SL	<input type="checkbox"/> 1P	<input type="checkbox"/> 2P	<input type="checkbox"/> DEC	<input type="checkbox"/> GRP
		Grocery Cash Benefit		Chrome <input type="checkbox"/>	Bronze <input type="checkbox"/>	Silver <input type="checkbox"/>	Gold <input type="checkbox"/>	Diamond <input type="checkbox"/>	Platinum <input type="checkbox"/>
\$	\$	\$	CASKET/COFFIN _____						

Commencement Date:

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 Premium Term In Years

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FULL NAMES OF ASSURED / PROPOSED LIVES

SURNAME	FORENAMES	D.O.B	AGE NEXT BIRTHDAY	RELATIONSHIP
				Policyholder
				Spouse
				Child 1 below 18
				2
				3
				4
				5
				6
				DEPENDANT 1
				DEPENDANT 2
				DEPENDANT 3
				DEPENDANT 4

WINDOW PERIOD : Policyholder and Immediate Family..... days Dependants..... days

PERSONAL STATEMENT

Declaration

- a) I warrant that the information given in this application is true and complete.
- b) I agree that any misstatement or omission herein may lead to this contract being declared null and void by the company herein called Vineyard Funeral Assurance Company (Pvt) Ltd
- c) The acceptance of a "Premium" deposited in respect of this proposal is subject to the condition that no risk is assumed by the 'Company' until this proposal is accepted by Vineyard Funeral Assurance Company Head Office
- d) The waiting periods for Dependants, Memorial Provider and Tombstone Benefits have been brought to my attention and are all acceptable as they shall be in force at the time of signing this application.
- e) I have read and understood all aspects of this proposal and agree to all conditions contained in this form.
- f) I confirm that all children specified in this Proposal Form were below age of 18 years, and all dependants were below the age of 75 years as at the date I signed this form. I understand and agree that any contradiction to the specified ages will result in Vineyard funeral Assurance Company repudiating any claim in this respect.

Date: _____

proposer's Signature: _____

Representative's Declaration

- a) Have you drawn the proposer's attention to the contents of this policy and he/she is conversant with its contents?

Yes No

- b) Has the proposer's or any of the proposed lives to your knowledge ever had a Funeral Assurance policy before?

Yes No

- c) Are there any circumstances which may not have been divulged by the proposer which may influence the risk of the proposed lives?

Yes No

- d) Name of Agent: _____

Signature of Agent: _____

Date: _____

For Office Use Only

Policy Document Sent: _____ First Premium Receipt Date: _____

Acceptance Letter Sent _____ Acceptance Notice Returned: _____

Files Opened: _____ Submission Date: _____

Underwritten by: _____ Underwritten Date: _____

(New Business Manager)

Accepted: _____ Date: _____

Vineyard Funeral Assurance Company (Pvt) Ltd