



Funeral Cover Policy

515 Sitieshi Rd Industrial Site
P.O.Box 477 Mbabane
Tel: +268 2404 2888 / 2404 3011
Email: info@mbbs.co.sz

A. POLICY HOLDER DETAILS

Policy No	8112161100370
Name	Winile Prudence Sihlongonyane
Date of Birth	1981-12-16
Gender	Female
Nationality	LiSwati
Residential Address	Mbabane
Cell Number	+268 76779161

B. DEPENDANTS DETAILS

Surname	Name	National ID	Gender	Date of Birth	Relationship
Sihlongonyane	Joseph	7603306100151	Male		Spouse

C. BENEFICIARIES DETAILS

Surname	Name	National ID	Cell Number	Date of Birth	Relationship
Sihlongonyane	Joseph	7603306100151			Spouse

D. FUNERAL PREMIUM DETAILS

Cover Name	Amount	Monthly Premium	Waiting Period
LL10000	E 10000	E 61	6

Policy: 38
Total Dependents: 1
Total Children: 0
Total Spouses: 1

E. DECLARATION BY AUTHORIZED REPRESENTATIVE

Consultants: Yves Bizumuremyi
Signature: _____

F. DECLARATION BY POLICY HOLDER

I, the undersigned confirm that the information supplied on this form is, to the best of my knowledge, true and correct. I further acknowledge that the broker/underwriter and the authorized representative accept no responsibility for the accuracy of the information provided by myself.

Signature: _____