

## CONTINUATION OF PROPOSAL FORM FOR LIFE ASSURANCE/RETIREMENT ANNUITY

A. <u>Life Assured</u> Personal Details:		
Nationality:		Attach certified copy of ID
Residential address (attach copy of water shop/rates clearance/ letter from Chief or I		
(If foreign national, attach certified copies document)	of passport /residence permit	/country of origin identity
<b>Next of kin/contact person:</b>		
Name	<b>Contact Details</b>	Relationship
1	Cell	······
	H W	
2	Cell H W.	
Employment Details/Self Employed: Physical address of employer		
Contact details of employer TelFax		
Source of income, funds, e.g. payslip, bank	statement:	
Source of wealth:		
Indicate below the origin of the funds being investment etc: Bank name & Account No.		
Other		
B. Applicant if other than the life assure	<u>ed (Not for retirement annu</u>	<u>ity)</u>
Personal Details:		
Nationality:		.Attach certified copy of ID and
Birth Certificate  Residential address (attack converted by several by severa	CDTC 1:11/loog a gamage and lot	Tidewit/ITC and of framity as
Residential address (attach copy of water / shop/rates clearance/letter from Chief or Ir		
(If foreign national, attach certified cop document)	ies of passport/residence pe	ermit/country of origin identity

Next of kin/contact person: Name	<b>Contact Details</b>	Relationship
1	Cell H W	
2	Cell H W	
Employment Details/Self Employed: Physical address of employer		
Contact details of employer TelFax		
Source of income, funds, e.g. payslip, bank	statement:	
Source of wealth: Indicate below the origin of the funds bein investment etc: Bank name & Account No Other		

## Where the Life Assurance/Retirement Annuity policy has a funeral extension, attach the following:

- ✓ certified copies of Birth Certificates of all dependants including children and spouses
- ✓ certified copies of ID's of all parents and parents in law
- certified copies of ID's and certified copies of marriage certificates of spouses
- ✓ Certified copy of ID of beneficiary where one has been nominated

## **AFFIDAVIT**

I,	(full names and surname),
ID number:	hereby declare under oath that I do
not pay any utility bills. I reside in	
	······································
	(full
current residential address) in Swaz	iland.
	eponent
THEDAY OF	RN TO BEFORE ME AT ON THIS 20 THE DEPONENT HAVING TOOD THE CONTENTS OF THE AFFIDAVIT.
COMMISSIONER OF OATHS/CH	IEF/INDVUNA
STAMP:	