

Marius Carstens FSP 35033 t/a

INSURANCE PARTNERS

Group Funeral Scheme Administrators

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VERKLARING/STATEMENT

Hooflid/Main member _____ ID _____

Gade/Spouse _____ ID _____

Hiermee verklaar ons die bogemelde partye dat ons Begrafnisversekering het by / Herewith we the abovementioned parties declare that we have Funeral Insurance at _____

Ons verklaar dat ons saambly as 'n egpaar sedert / We declare that we have stayed together as a couple since _____.

Ons verklaar ook dat ons geen direkte familie verbintenis het nie/ We also declare that we have no direct family connection to each other, bv/ie, Broer/suster – Brother/Sister, Neef/Niggie – Cousins ens/etc.

Ons neem kennis dat enige wanvoorstelling sal lei tot die nie betaling van enige eise.
We take notice that any willful misrepresentations will lead to the non payment of any claims.

Geteken Te / Signed at _____ op/on _____

Hooflid/Main member

Gade/Spouse

Begrafnisondernemer / Funeral Parlour