

Marius Carstens FSP 35033 t/a

INSURANCE PARTNERS

Group Funeral Scheme Administrators

07 Cleveland Street PO Box 454
Boston Sanlamhof
Bellville 7532

VOX: 087 808 3007 Telkom: 021-949 8671

Fax: 021-948 9815 / 086 628 0359

Email: info@insurancepartners.co.za Web: www.insurancepartners.co.za



VERKLARING IN GEVAL VAN EGSKEIDINGS / STATEMENT IN THE CASE OF DIVORCES

Hooflid/Main member _____ ID _____

Gade/Spouse _____ ID _____

Hiermee verklaar ek/ons die bogemelde partye dat ek/ons Begrafnisversekering het by / Herewith I/we the abovementioned party (s) declare that I/we have Funeral Insurance at

Ek/Ons verklaar dat ek/ons op _____ geskei is. Ek/Ons verklaar dat ek/ons weer sedert _____ as egpaar saambly maar nie weer getroud is nie / I / We declare that I / we were divorced on _____. I / We declare that I / we have stayed together as a couple since _____ although we never re married. .

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

Kommissaris van Ede / Commissioner of Oaths

Ampshalwe / Designation

Official Stamp