



HOSPITAL CASH BACK PROPOSAL FORM

1. INSURED DETAILS

FIRST NAME (S)

SURNAME:

TITLE:

GENDER:

ID NUMBER:

DATE OF BIRTH:

OCCUPATION:

EMPLOYER:

EMPLOYER CONTACT DETAILS:

2. CONTACT DETAILS

RESIDENTIAL ADDRESS:

TELEPHONE NUMBER:

MOBILE NUMBER:

EMAIL ADDRESS:

PREFERED METHOD OF COMMUNICATION:

OCCUPATION

EMPLOYER

EMPLOYER CONTACT DETAILS:

3. BANKING DETAILS

BANK:

BRANCH:

ACCOUNT NUMBER:

ACCOUNT NAME:

4. MEDICAL HISTORY

MEDICAL / TREATMENT	SELECT / TICK	IF YES IS SELECTED, EXPLAIN
HAVE YOU BEEN SCHEDULED FOR ANY MEDICAL OR SURGICAL TREATMENT WITHIN A PERIOD OF 24 MONTHS?	YES NO	

NEXT OF KIN:

CONTACT NUMBER:

5. DETAILS OF DEPENDENTS

No.	DEPENDANTS	NAME IN FULL	ID / BIRTH ENTRY NUMBER	DATE OF BIRTH	AGE (YEARS)	SEX	RELATIONSHIP
1	DEPENDANT						
2	DEPENDANT						
3	DEPENDANT						
4	DEPENDANT						
5	DEPENDANT						
6	DEPENDANT						
7	DEPENDANT						
8	DEPENDANT						
9	DEPENDANT						
10	DEPENDANT						
11	DEPENDANT						
12	DEPENDANT						

6. DECLARATION

I HEREBY DECLARE THAT ALL THE INFORMATION PROVIDED IS IN ALL RESPECTS CORRECT AND THAT NO MATERIAL HAS BEEN SUPPRESSED OR WITHHELD. IF ANY SUCH INFORMATION HAS BEEN PROVIDED ON MY BEHALF, I AGREE THAT IT SHALL BE TAKEN AS SPECIFICALLY GIVEN BY MYSELF.

I AGREE THAT THIS DECLARATION AND THE ANSWERS GIVEN ON THIS FORM SHALL BE THE BASIS OF THE CONTRACT BETWEEN ME AND THE COMPANY AND THAT I ACCEPT THE USUAL TERMS AND CONDITIONS PRESCRIBED BY THE COMPANY AS CONTAINED IN AND / OR ENDORSED ON THE POLICY.

I FURTHER AGREE THAT AS A RESULT OF MY ACCEPTANCE TO TAKE UP THE ABOVE COVER I AM GIVING PERMISSION TO MY EMPLOYER TO DEDUCT THE PREMIUM FROM MY SALARY (where applicable).

I UNDERSTAND THAT COVER COMMENCES AFTER THIS PROPOSAL HAS BEEN OFFICIALLY ACCEPTED BY THE COMPANY AND MY FIRST PREMIUM HAS BEEN PAID.

I HEARBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE ABOVE PROVIDED TERMS AND CONDITIONS AND I AGREE WITH ALL THE TERMS AND CONDITIONS.

Date:

Day of:

Year:

Time:

SIGNATURE OF PROPOSER:

7. CHAMPIONS INSURANCE (NOSTRO) BANK ACCOUNTS DETAILS

BANK NAME	BRANCH	CURRENCY (NOSTRO)	ACCOUNT NUMBER
NMB	ANGWA	USD	21084972
FBC	FBC CENTRE	USD	2270073840122
NEDBANK	JASON MOYO	USD	11990131432
CABS	CENTRE	USD	1125247657
STANBIC	NELSON MANDELA	USD	9140000980098
CBZ	AVONDALE	USD	61264280035