



ESRIC
Ensuring your tomorrow, today.

GROUP FUNERAL/WONKHE WONKHE FUNERAL PLAN APPLICATION FORM

In terms of the applicable AML and CFT regulation, ESIC is required to take the prescribed steps to establish and verify your identity by completing the proposal form and submission of the required documents for verification. New policies will only be issued on receipt of a fully completed ESIC proposal form. Please fill all spaces marked with an asterisk (*).

INTRODUCER'S DETAILS

NAME	
CODE	

Proposal number		Policy Number	
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1. PERSONAL DETAILS-LIFE ASSURED

*Title		*Surname		*Maiden Surname	
*First Name		*Second Name			
*ID Number				*Date of Birth	
*Gender	*Male <input type="checkbox"/>	*Female <input type="checkbox"/>	*Age Next Birthday		*Age Admitted
*Place of Birth		*Nationality by birth			

RESIDENTIAL ADDRESS

*Current Residential Address					
*Postal Address		*Region			
Graded Tax No					
*Current Citizenship					
*Contacts No:Home		Work		Cell	
*Email address					
*Chief		*Chief Code			
*Indvuna					
*Do you have any other citizenship(s)	<input type="checkbox"/>	*Yes	<input type="checkbox"/>	*No	
*If Yes (Please state the citizenship(s))					
*Do you have a resident permit?	<input type="checkbox"/>	*Yes	<input type="checkbox"/>	*No	

***Are you or are you related or a business associate to a serving or prior member of a government, MP, senator, CEO of state-owned enterprises, a senior - government employee, judicial, military or other such prominent person?**

Yes No

If Yes (Please provide details)

2. PERSONAL DETAILS-LIFE ASSURED

*Title *Surname *Maiden Surname

*First Name *Second Name

*ID Number *Date of Birth

*Gender *Male *Female *Age Next Birthday *Age Admitted

*Place of Birth *Nationality by birth

RESIDENTIAL ADDRESS

*Current Residential Address

*Postal Address *Region

Graded Tax No

*Current Citizenship

*Contacts No:Home Work Cell

*Email address

*Chief *Chief Code

*Indvuna

*Do you have any other citizenship(s) *Yes *No

*If Yes (Please state the citizenship(s))

*Do you have a resident permit? *Yes *No

3. EMPLOYMENT DETAILS

*Employed *Not Employed *Self-Employed *Dependant

If Employed

*Name of Employer

*Employment No. Employer Tel/Cell

*Name Employer's Sector

*Employer's Postal Address

*Employer's Physical Address

*Occupation

*Designation/Position

Name and Length of service with previous employer (if less than 3 years with present employer)

*If Self-Employed

*Name of Business

*Nature of Business

*Trading License No.

*Postal Address Tel No

*Physical Address

*Number of Years in Operation

4. INCOME DETAILS

Bank Details

Bank Name	<input type="text"/>	Branch Name	<input type="text"/>
Account Number	<input type="text"/>	Branch Code	<input type="text"/>

On average, during the past twelve months, how much did you earn: (tick one)

<input type="checkbox"/> 1. E0 - E3 000	<input type="checkbox"/> 4. E10 001 - E15 001	<input type="checkbox"/> 7. E25 001 - E30 000	<input type="checkbox"/> 10. E40 001 - E45 000
<input type="checkbox"/> 2. E 3 001 - E7 000	<input type="checkbox"/> 5. E15 001 - E20 000	<input type="checkbox"/> 8. E30 001 - E35 000	<input type="checkbox"/> 11. E45 001 - E50 000
<input type="checkbox"/> 3. E7 001 - E10 000	<input type="checkbox"/> 6. E20 0001 - E25 000	<input type="checkbox"/> 9. E35 001 - E40 000	<input type="checkbox"/> 12. Over E50 000

Other source of income (state nature & value e.g. inheritance, investment, rentals etc.)

Death gratuity	E	(Value)	Investment pay-out etc)	E	(Value)
Inheritance	E	(Value)	Group financial schemes	E	(Value)
Pension	E	(Value)	Rentals	E	(Value)
Other (state the proof)	<input type="text"/>				

AUTHORISE YOUR MONTHLY PREMIUM PAYMENT (TICK)

Bank Debit Order
 Mobile Money
 Stop Order
 Cash Payment

5. PARTICIPANT'S SPOUSE(S)

Surname and Forename(s)
 Date of Birth and ID Number

(50% of the premium for each additional spouse)

Surname and Forename(s)
 Date of Birth and ID Number

T

Surname and Forename(s)
 ID Number

(50% of the premium for each

Surname and Forename(s)
 ID Number

CHILDREN

Full Name	Date of Birth	ID Number
1 <input type="text"/>	<input type="text"/>	<input type="text"/>
2 <input type="text"/>	<input type="text"/>	<input type="text"/>
3 <input type="text"/>	<input type="text"/>	<input type="text"/>
4 <input type="text"/>	<input type="text"/>	<input type="text"/>
5 <input type="text"/>	<input type="text"/>	<input type="text"/>
6 <input type="text"/>	<input type="text"/>	<input type="text"/>

(10% of the premium for each additional child)

7 <input type="text"/>	<input type="text"/>	<input type="text"/>
8 <input type="text"/>	<input type="text"/>	<input type="text"/>

DISABLED CHILDREN

Full Name	Date of Birth	ID Number
1 <input type="text"/>	<input type="text"/>	<input type="text"/>
2 <input type="text"/>	<input type="text"/>	<input type="text"/>

PARENTS

Full Name	Date of Birth	ID Number
Father		
Mother		
Father-In-Law		
Mother-In-Law		

6. DECIDE WHICH FUNERAL COVER YOU REQUIRE - FAMILY PLAN (TICK ONE)

Plan	Basic Cover	Basic Premium	30% Tombstone Benefit on Principal Member	30% Tombstone Benefit on Principal Member plus Family Support	30% Tombstone Benefit on Principal Member & spouse	30% Tombstone Benefit on Principal Member & spouse plus Family Support	50% Tombstone Benefit on Principal Member	50% Tombstone Benefit on Principal Member plus Family Support	50% Tombstone Benefit on Principal Member & spouse	50% Tombstone Benefit on Principal Member & spouse plus Family Support
A	E 5 000	E 25.00								
B	E10 000	E 38.00					E 49.00	E 74.00	E 60.00	E 85.00
C	E15 000	E 57.00	E 66.00	E 91.00	E 75.00	E100.00	E 73.00	E 98.00	E 89.00	E114.00
D	E20 000	E 76.00	E 89.00	E114.00	E102.00	E127.00	E 97.00	E122.00	E118.00	E143.00
E	E25 000	E 95.00	E111.00	E136.00	E127.00	E152.00	E122.00	E147.00	E149.00	E174.00
F	E30 000	E114.00	E133.00	E158.00	E152.00	E177.00	E146.00	E171.00	E178.00	E203.00
G	E35 000	E133.00	E156.00	E181.00	E179.00	E204.00	E170.00	E195.00	E207.00	E232.00
H	E40 000	E152.00	E178.00	E203.00	E204.00	E229.00	E195.00	E220.00	E238.00	E263.00
I	E45 000	E171.00	E200.00	E225.00	E229.00	E254.00	E219.00	E244.00	E267.00	E292.00
J	E50 000	E190.00	E222.00	E247.00	E254.00	E279.00	E243.00	E268.00	E296.00	E321.00

Additional benefit (pays E1 000 worth of groceries, E300 electricity and E200 airtime) at E5.70

Total Premium

7. DECIDE WHICH FUNERAL COVER YOU REQUIRE - MEMBER ONLY PLAN (TICK ONE)

Plan	Basic Cover	Basic Premium	30% Tombstone Benefit	50% Tombstone Benefit
A	E 5 000	E 16.00		
B	E10 000	E 24.00	E 33.00	E 35.00
C	E15 000	E 37.00	E 50.00	E 53.00
D	E20 000	E 49.00	E 65.00	E 70.00
E	E25 000	E 61.00	E 80.00	E 88.00
F	E30 000	E 74.00	E 93.00	E106.00
G	E35 000	E 86.00	E109.00	E123.00
H	E40 000	E 98.00	E124.00	E141.00
I	E45 000	E111.00	E140.00	E159.00
J	E50 000	E124.00	E153.00	E177.00

Additional benefit (pays E1 000 worth of groceries, E300 electricity and E200 airtime) at E5.70

Total Premium

8. DECIDE WHICH FUNERAL COVER YOU REQUIRE - SENIOR CITIZENS PLAN (TICK ONE)

Plan	Basic Cover	Basic Premium	50% Tombstone Benefit
A Member Only	E 5 000	E 42.50	
B Member Only	E10 000	E 85.00	E 96.00
C Member and Spouse	E 5 000	E 79.00	
D Member and Spouse	E10 000	E 158.00	E180.00

Additional benefit (pays E1 000 worth of groceries, E300 electricity and E200 airtime) at E5.70

Total Premium

9. CLAIMANT NOMINATION

i. FUNERAL EXPENSES

Full Name	Relationship	Date of Birth	ID Number
Postal Address			
Email Address			
Tel./Cell			

Where the nominated claimant predeceases the life assured, any member of the family may lodge a claim as a family representative, provided there is proof of his/her nomination e.g. Affidavit or Birth Certificate.

ii. FAMILY SUPPORT

Full Name	Relationship	Date of Birth	ID Number
Postal Address			
Email Address			
Tel./Cell			

Where the nominated claimant predeceases the life assured, any member of the family may lodge a claim as a family representative, provided there is proof of his/her nomination e.g. Affidavit or Birth Certificate.

DECLARATION

I.....by my signature hereto declare and warrant that all the information provided in this KYC Form and all documents submitted electronic and otherwise which have been or will be signed by me in connection with obtaining any ESRIC insurance product, is to the best of my knowledge true, accurate and complete.

I authorise ESRIC to obtain any information which ESRIC deems necessary for KYC purposes and to further share with other financial institutions and regulatory bodies as required by law any information contained in this KYC Form either directly or through a database operated by such financial institutions or regulatory bodies.

I undertake to notify ESRIC within 30 days of any material change of the facts herein recited and in particular of any change of residence on my part.

Full Names

Signature Date

11. DOCUMENTS TO BE ATTACHED

- Certified copy of Life Assured’s ID.
- Certified copy of Passport if not Swazi
- Certified copy of Applicant’s ID if other than the life assured



FOR OFFICE USE ONLY

Please tick in the box, for corresponding documents received

ID For Applicant (certified copies both sides)

ID For Life Assured (certified copies both sides)

Officer

Full Name

Signature

Date

DD/ MM / YYYY

Authorized Manager

Full Name

Signature

Date

DD/ MM / YYYY

Authorized AGM

Full Name

Signature

Date

DD/ MM / YYYY