

PARTICIPANT CERTIFICATE

Policy Number: **1234**

Scheme Name: **Funeral**

Product Type: **SINGLE PARENT**

Principal Member's Name: **Refilwe Zobane**

Cell Number: **0733385178**

Address: **49 New Road**

Total Premium: **R0,00**

Policy Start Date: **2020-05-28**

BANK / DEBIT ORDER INFORMATION		PLAN USED	
Bank Name:		Insurer:	BRIGHTROCK - SOCIETY/ TRADITIONAL
Account number:			
Branch Name:			
6 Digit Code:		Group:	EMASIMINI-SOCIETY
Account Type:		Plan:	Main Member + Nominated
Account Holder:		Beneficiary:	asdfghjk123 sdfghjka
Enforce Date:		Waiting Period End:	
Deduction Days:	2020-05-28		

Dependants:

Name & Surname	Inception Date	Identity No.	Relation	Cover
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