

PATICIPANT CERTIFICATE

Policy Number:

Scheme Name:

Principal Member's Name: **asdfghjkl**

Cell Number: **0733385178**

Address: **49 New Road**

Total Premium: **R0,00**

Policy Start Date:

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

Dependants:

Name & Surname	Inception Date	Identity No.	Relation	Cover
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