

PATICIPANT CERTIFICATE

Policy Number: **6789**

Scheme Name: **Funeral**

Product Type: **FAMILY**

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

Cell Number: **0733385178**

Address: **49 New Road**

Total Premium: **R0,00**

Policy Start Date: **2020-06-08**

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	asdfghjk Zobs
Enforce Date		Waiting Period End	
Deduction Days	2020-06-08		

Dependants:

Name & Surname	Inception Date	Identity No.	Relation	Cover
----------------	----------------	--------------	----------	-------