



LATE PAYMENT CONSENT FORM

POLICY INFORMATION

Membership No: Date:

Name: Surname:

ID No: Scheme Name:

Current Premium: Original Inception Date:

Physical Address:
.....
.....

Tel Number: () Cell Number:

I, *hereby* concede that I have failed to pay my monthly premium(s) to Tshipi-Noto Funeral Homes for my funeral policy by the due date. Therefore I agree to be subjected to One/ Two month(s) waiting period with effect from the month of To as agreed upon between myself and Tshipi-Noto Funeral Home.

With this agreement I acknowledge that should death occur to me or to any of my dependents under this policy, within this waiting period, I will forfeit my funeral benefits.

Thus signed and dated:

Signed at: on this dayof (month)20.....

Signature of Main Member: Full Name:

Signature of Agent: Full Name: Branch: