



RE - INSTATEMENT FORM

POLICY INFORMATION

Membership No: Date:
Names: Surname:
ID No: Scheme Name:
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 Number by the due date, as the results my Policy has lapsed. I agree to re-instate my policy and be subjected to month(s) waiting period with effect from (date)..... To as agreed upon between myself and Tshipi-Noto Funeral Home.

With this agreement I acknowledge that should **natural death** occur to me or any of my dependents under this policy, within this waiting period, I will forfeit my funeral benefits, but should death occur as a result of **unnatural causes** all the benefits shall be payable.

Thus signed and dated:

Signed at: on this day of (month) 20.....

Signature of Main Member: Full Name:

Signature of Agent: Full Name: Branch: