



RE-JOIN FORM

Membership No : Date :

Name : Surname :

ID No :

Old Scheme Name : New Scheme Name :

Current Premium : New Premium :

Physical Address :

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Tel Number : (_____) Cell No :

I, hereby concede that I have failed to pay my monthly premium(s) to Tshipi-Noto Financial Services for my Funeral Policy Number by the due date, as the result my policy has lapsed. I agree to re-join and be subjected to month(s) waiting period with effect from to as agreed upon between myself and Tshipi-Noto Financial Services.

With this agreement I acknowledge that should death occur to me or any of my dependants under this policy, within this waiting period. There would be no obligation from Tshipi-Noto to provide a service.

Signed at On this day of (month) 20

Signature of Main Member Full Name

Signature of Agent Full Name Branch