



SOUTHERN ORACLE  
MICROINSURANCE COMPANY  
Protecting and Empowering

## TEMPORARY LOSS OF INCOME PROTECTION PROPOSAL FORM

### AGENT DETAILS

FULL NAME AND SURNAME: Tamaryaradiso Mungandiso

AGENT NUMBER: 1301

### INSURED DETAILS

FULL NAME AND SURNAME:	Tamaryaradiso Mungandiso	GENDER:	Female
TITLE:	Mrs	DATE OF BIRTH:	13/02/1982
ID NUMBER:	36-2016761235	EMAIL ADDRESS:	ludithwan@gmail.com
CONTACT NUMBER:	0818765432	RESIDENTIAL ADDRESS:	Q3 Mhundiso Road Zengeza 1
RESIDENTIAL ADDRESS:	Q3 Mhundiso Road Zengeza 1	NEXT OF KIN DETAILS:	

FULL NAME AND SURNAME: Alomo Mungandiso

CONTACT NUMBER: 073 991204

### BANK DETAILS

BANK NAME:	BANK ABC	DATE OF BIRTH:	13/02/1982
ACCOUNT NUMBER:	20001467894	BRANCH CODE:	01456C

## **SECTION B: HOSPITAL CASH PLAN SECTION**

**DETAILS OF DEPENDENTS**

DOES THE PROPOSER HAVE AN EXISTING INSURANCE COVERAGE WITH ANY OTHER COMPANY?

Awarded second in December 2014

DOES THE PROPOSER HAVE AN EXISTING CHRONIC OR RECURRING MEDICAL CONDITION EG DIABETES, BLOOD PRESSURE ETC. IF SO PLEASE GIVE DETAILS.

Volume 14, Number 1

Diabetes

AMOUNT PAID/REJECTED:

HEALTH INSURANCE

ANSWER

ANSWER TO THE ABOVE YES SAW THE BEAON

### Institutional funds