



PROPOSAL FORM POLICY HOLDER PERSONAL DETAILS

Title..... Firstname(s)..... Surname.....

Sex: **M / F** Marital Status..... Date of Birth.....

Home address.....

Home Tel No..... Cell No..... Email.....

Business details

Name of Business

Type of Business.....

Business Address.....

Business Tel No..... Business Fax No..... Email.....

Position Held..... Annual Income Z\$.....

Indicate % time spent in all duties: Admin..... Supervisory..... Manual Travel.....

Dependants	Full name	Sex		Date of Birth								
		M	F	D	D	M	M	Y	Y	Y	Y	
Spouse											
Child 1											
Child 2											
Child 3											
Child 4											

Have you, or any other person for which this Insurance is required, ever suffered from any critical illness (as noted on the brochure) or suffer from any illness, disease or organic weakness of a chronic or recurring nature?
(✓ Tick Box) Yes ☐ No ☐

If you answered Yes, please give full written details below (or on separate page if necessary)

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Accidental Death, Disability & Medical Expenses

Policy Holder	Death	\$.....
	Disability	\$.....
	Medical Exp	\$.....
Spouse	Death	\$.....
	Disability	\$.....
	Medical Exp	\$.....
Child 1	Death	\$.....
	Disability	\$.....
	Medical Exp	\$.....
Child 2	Death	\$.....
	Disability	\$.....
	Medical Exp	\$.....
Child 3	Death	\$.....
	Disability	\$.....
	Medical Exp	\$.....
Child 4	Death	\$.....
	Disability	\$.....
	Medical Exp	\$.....

Income Protector

Policy Holder Only \$..... Per week

Critical Illness

Policy Holder \$..... Per week

Spouse \$..... Per week

Hospital Cash

Policy holder \$..... Per week

Spouse \$..... Per week

Child 1 \$..... Per week

Child 2 \$..... Per week

Child 3 \$..... Per week

Child 4 \$..... Per week

TOTAL PREMIUM

STAMP DUTY

TOTAL DUE

DECLARATION

are that all sections of this proposal form have been fully considered by me, and that everything on this proposal is true and correct to the best of my knowledge and belief. I understand the Zimnat and have the right to access my medical records in order to proceed with the assessment of a claim

For and on behalf of all applicants.....