

(Name of Employer)
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FAMILY PROTECTION SCHEME
MEMBER ENTRY FORM

PERSONAL INFORMATION

FULL NAME OF LIFE TO BE ASSURED (SURNAME LAST)

Mr/Mrs/Miss/Ms

Address

Telephone Number Extension Number

Date of Birth Place of Birth Age next Birthday

Marital Status (Please state if divorced or separated)

Occupation

Present Pensionable Salary Rs

Whether already a member of the Scheme. If yes, the name of the previous employer :

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Signature of Life to be Assured Date