



6. APPENDIX C : CLIENT INFORMATION SHEET

**\*\*Must be completed by an authorized official.**

Would you please indicate the entity with which the contract is to be concluded?

Company  Society Funeral Parlour  Name of company:

Name of company:	
Registration Number:	
<b>Details of Owner</b>	
Surname:	
First name:	
ID number:	
Capacity:	
Business address:	
Tel no:	
Fax no:	
Cell no:	
Email:	
FSP No:	
Previous underwriter:	
Preferred Inception date with DAPT Life	

**\*\*The risk will commence after the contract has been signed by all parties.**

Signature

Date

Designation

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