



...when real insurance matters...

HEADOFFICE

**2 Rudland / Rekayi Tangwena Ave
Belvedere
Harare, Zimbabwe
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LEGAL COVER

YOUR SOLUTION OF TODAY AND TOMORROW'S INCONVENIENCES IS THAT ROAD WHICH LEADS TO SAFEL.
(Fill all the provided space with block letters and apply only the correct information)

SURNAME..... MR/MS/DR/PROF.....
 FIRST NAME(S)..... DATE OF BIRTH.....
 MARITAL STATUS..... I.D No.....
 RESIDENTIAL ADDRESS..... CELL No
 E-MAIL.....
 NEXT OF KIN CELL No.....
 EC NUMBER (CIVIL SERVANTS ONLY)..... C/D.....
 NAME AND ADDRESS OF EMPLOYER.....
 TEL.....

NB: ONLY FAMILY DEPENDANTS SPECIFIED ON THIS FORM WILL BE COVERED IN THEIR PERSONAL CAPACITY. DEPENDANTS SHOULD BE UNDER 18.

	FULL NAME	DATE OF BIRTH	IDENTITY NUMBER
SPOUSE			
DEPENDANT 1			
DEPENDANT 2			
DEPENDANT 3			

Please indicate on the schedule below, the scheme you require

SCHEME	INDIVIDUAL	FAMILY	COVER LIMIT
PREMIER	\$6	\$15	\$1000
BRONZE	\$11	\$20	\$2500
DIAMOND	\$25	\$30	\$3000
PLATINUM	\$35	\$50	\$4000
CORPORATE DIAMOND	\$50		\$4500
CORPORATE PLATINUM	\$200		\$6000

I hereby certify that the information I have given is correct and true in all respect and I have not withheld or concealed anything affecting the proposed benefit. I agree that the contract between me and the company be strictly governed by the terms and conditions. I authorize deductions from my salary or bank account monthly premiums due, in respect of myself. I have read and understood the terms and conditions. I understand the premiums are not refundable, if I wish to discontinue for whatever reason. This request is to remain in force until cancelled by me on SAFEL's prescribed cancellation form given three months' notice.

FULL NAME..... SIGNATURE..... DATE.....
 NAME OF BANK..... BRANCH.....
 ACCOUNT No..... FIRST DAY OF DEBIT.....



**TY 30'A'
SET**

DATE STAMP

ALLOWANCE DEDUCTION/CHANGE

2 Rudland / Rekayi Tangwena Avenue
Belvedere
HARARE

PLEASE GIVE EFFECT TO THE FOLLOWING ALLOWANCE/DEDUCTION

[NAME]

[MINISTRY/DEPARTMENT]

[MIN/DEPT NUMBER]

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[TICK WHICHEVER IS APPLICABLE]

NEW

CHANGE

CEASE

IF DEDUCTION, TO WHOM IT IS PAYABLE

SAFEL



[Shade blocks for SSB use]

Card type

2	0
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Section

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Subsection

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Employee code number

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C/D

1

2

3

4

5

7

8

14

15

DEDUCTION CODE

--	--	--	--	--	--

16

20

MONTHLY RATE

--	--	--	--	--	--	--

21

26

FROM DATE

--	--	--	--	--	--

27

32

TO DATE

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33

38

REFERENCE NO.

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39

50

AUTHOURIZED/APPROVED BY (SAFEL approval ref:.....dated.....)[where applicable]

.....
Applicant (where applicable)

.....
Date

.....
[Head of Organization]

.....
Date
(Delete inapplicable)