



# CELL INSURANCE SPECSURE APPLICATION FORM

How did you get to know about us?

Print Adverts
  Referral
  Website
  Exhibition
  Radio
  Social Media
 Other? Specify

## SECTION I: MEMBER DETAILS *(Complete all fields)*

Title:  Mr  Mrs  Ms  Prof  Dr  Eng  Rev  Past

Surname:  First Name(s):

ID Number:  Date of Birth:  EC Number:

Residential address:

Business Tel:  Home Tel:

Mobile:  Email address:

Next of Kin Full Name:

Next of Kin Email address:  Next of Kin Mobile:

## SECTION II: COVER DETAILS

Insure in currency:  USD  ZWG

Sum insured:

Brand of Spectacles:  Frame colour:

Issued by:

Issue Date:

Expiry Date:

### DECLARATION

I certify that the information given above was submitted wilfully and is correct. I agree that should my application be accepted, I will abide by the rules, benefits and regulations set by Cell Insurance; details of which is available on request. Signing of this contract signifies the basis of contract between Cell Insurance and myself.

I hereby consent and authorise Cell Insurance to collect biometrics for all beneficiaries specified in this membership application. This collection is essential for verification, claims submission and validation processes.

Member Signature:  SIGN HERE

Date: