



Date: / / 20....

Plan holder-Last name:

Given names: Mr. ☐ Mrs. ☐

Address:

Area:

D.O.B: / /

P.O.B:

Cell: +1(721).....

Signature of plan holder:

Plan cost: U.S.\$ 7,200.00 – Service cost: U.S.\$ 6,000.00

Monthly payment: U.S.\$ 60.00 – 120 payments

SERVICE PROVISION REQUIRED INFORMATION: I.D. Card or Passport

Contact person:

Last name:

Name in full:

Relation:

Cell: +1(721).....

Payment plan №

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