

Insurance Services of
America, Inc.

Currency: US

Data Date: 10/22/2015

Contract Note:

POLICY NUMBER: BG001030-23-255ebddb

Type of Contract:	International Assurance	Application Date:	07/31/2015
Agent/Broker Name:	Graham Bates	Policy status:	Complete
		Agent/Broker Number:	91f036ef

Details of Group / Team:

Group Name:	Samuel	Group/Team Leader Name:	Samuel
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MAIL FORWARDING ADDRESS:

Address line 1:	564 Main Rd	Address line 2:	Sea Point
City:	Cape Town	State:	Western Cape
Postal code:	8001	Country:	South Africa
Telephone home:			

BILLING ADDRESS:

Address line 1:	564 Main Rd	Address line 2:	
City:	Cape Town	State:	
Postal code:	8001	Country:	South Africa
Telephone home:	0789643107		
Group / Team E-mail:	sammufamadi@gmail.com		

Insured Persons [Original Information] :

Person	Gender	DoB	Start Date	Term Date	Deductible	Limit	Days	Rate	Sports	Premium
Samuel M Mufamadi	M	01/26/1964	07/31/2015	08/25/2016	\$ 0.00	\$ 60000	392	1.65	No	\$ 646.80
Halil B Gulpinar	M	12/20/1972	07/31/2015	08/25/2016	\$ 0.00	\$ 60000	392	1.65	No	\$ 646.80

Total Policy Premium

\$ 1,293.60

Premium:

Net Premium:	\$ 1,293.60	Premium Paid to date:	\$ 1,293.60
Premium:	\$ 1,293.60		

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
31/07/2015	CreditCard	Visa	\$ 1,293.60	Registration	