



Bouquet Pre-Paid Funeral Registration Form

Policy Number: 0050

Date: ____/____/____

Name:
First Name Last Name

Address:
Street Address

Street Address Line 2

City Postcode

Email:

Phone No:
Home Work

Mobile No:

Birth Date:
Month Day Year

Emergency:
Name Contact Number

Occupation: Gender: Male/Female

Guardian:

Contact details:

Authorities:	1. EXECUTOR:	Name:	PH:
	2. POWER OF ATTORNEY:	Name:	PH:

Contact Details

Address 1: _____

Address 2: _____

I _____ hereby consent to my Guardian and/or Executor to administer my Pre-Paid funds in a fair and reasonable manner. All funds of my Bouquet Pre-Paid Policy are for the purpose of purchasing a Sincere Funeral Services Pre-Paid Funeral package in the event of my passing.

(Please choose a Package)

- DAFFODIL:** **\$3150.00**
- ORCHID:** **\$4285.00**
- KOWHAI:** **\$5615.00**
- TULIP:** **\$2310.00 (Direct Cremation)**

- 1. **Height:** _____
- 2. **Weight: (If over 100kgs)** _____
- 3. **Life Insurance Provider:** _____
- 4. **WINZ Funeral Grant:** _____

I, the undersign declare that I have read, have had explained and understood the Terms & Conditions of the Bouquet Pre-Paid Funeral Package detailed in Appendix 1 and accept them fully.

POLICY HOLDER OR GUARDIAN: _____

Signature: _____ Date: _____

SINCERE FUNERAL SERVICES:

Signature: _____ Date: _____

Please ensure you have initialled and dated each page at the bottom right hand corner. Thank you.