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|  | **PROOF OF DEBT** |  |

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| **SAFE HANDS PLANS LIMITED** | | |
| Date of Administration: 23 March 2022 | | |
| 1. | Safe Hands Plans customer name: |  |
| 2. | Date of birth: |  |
| 3. | Safe Hands Plans customer reference number: |  |
| 4. | Address: |  |
| 5. | Email address: |  |
| 4. | Total amount paid for your funeral plan as at 23 March 2022: |  |

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| **This document must be signed** |  |
| Name in capital letters: |  |
| Address: |  |
| Email address: |  |
| Signature: |  |
| For and on behalf of: |  |
| Relationship or authority to sign (eg power of attorney) |  |
| Date: |  |