



Main Member Details: The main member must be under the age of 74 at entry date

| | | | |
|----------------------------|--|----------------|-------|
| Surname: | | Name: | |
| Date of Birth: YY/MM/DD | | Age : | Male |
| ID Number: | | | |
| Cell No: | | Email Address: | |
| Address: | | | |
| | | | Code: |

Dependants Details (Family plans only)

| | | | | |
|-------------------------|--------|--------|---------------------|--|
| Surname | Name | | Date of birth/ID No | |
| Spouse | | | | |
| Child 1 | | | | |
| Child 2 | | | | |
| Child 3 | | | | |
| Child 4 | | | | |
| Child 5 | | | | |
| Child 6 | | | | |
| Choice of Funeral Plan: | Family | Single | plan cover: R..... | Premium per month on main policy: R..... |

Extended Family members plan

| Full name & Surname | ID No | Relationship | Cover | Premium |
|-------------------------------|-------|--|-----------------|---------|
| | | | R:..... | R:..... |
| Total Monthly premium: R..... | | Debit order Authorization (Signed mandate needed) | EasyPay Payment | |

Beneficiary Details

| | |
|--------------------------|-----------------|
| Name and Surname: | |
| Relationship to member : | Contact number: |

