



**SEVEN**  
TIMES FUNERALS

*A Solution  
to your  
Grief*

<b>Main Member Details: The main member must be under the age of 74 at entry date</b>					
Surname:		Name:			
Date of Birth: YY/MM/DD		Age :		Male	Female
ID Number:					
Cell No:		Email Address:			
Address:					
				Code:	
<b>Dependants Details (Family plans only)</b>					
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.....
<b>Extended Family members plan</b>					
Full name & Surname		ID No	Relationship	Cover	Premium
				R:.....	R:.....
				R:.....	R:.....
				R:.....	R:.....
				R:.....	R:.....
				R:.....	R:.....
				R:.....	R:.....
Total Monthly premium: R.....		Debit order Authorization (Signed mandate needed)		EasyPay Payment	
<b>Beneficiary Details</b>					
Name and Surname:					
Relationship to member :			Contact number:		