1. Personal Details

MAIN MEMBER SURNAME: **SPOUSE SURNAME:**

MAIN MEMBER FULL NAMES: **SPOUSE FULL NAMES:**

MAIN MEMBER ID NO: **SPOUSE ID NO:**

Postal address

Code:

Cell **(W)**

EXTENDED FAMILY DETAILS:

SURNAME AND NAME:	DATE OF BIRTH:	IDENTITY NO:	RELATIONSHIP:

2.Children (under 21 years of Age) Children over 21 will automatically be removed.

SURNAME & FULL NAMES	DATE OF BIRTH							

3. Pricing & Signature

Plan (A, B or C) **Monthly premium** R

Declaration:

I declare to the best of my knowledge and belief that the particulars given above are true and correct. I understand and agree that any willful misrepresentation in this application will invalidate any claim to benefit under the Policy and that I undertake to abide by the terms and conditions of the Policy. ***HlalaNathi Funerals cc*** *shall not be liable for any amount until it has accepted this application and first premium.*

Signature of Main Member: Date

Signature of Representitive: Date

I declare that I have seen the principal member and that he/she is in good health.

4. For office use only

Details of Scheme (FOR OFFICE USE ONLY)

Member group no

Entry date Date on which cover will commence

Rep. name:

5. Important information

Conditions

A waiting period of 6 months will apply in the event of death as a result of natural causes.
Suicide is excluded for 2 years.
No application form will be processed without full information. e.g. Date of birth, Identity number.
Waiting period only starts once the first payment is made.