

GROUP FUNERAL REGISTRATION FORM



Surname	Name	Date of Birth
		DD-MM-YYYY
Address		Contact Numbers
Passport and / or ID number		
Scheme Name		

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Spouse			
Name & Surname	Date of Birth	ID/Passport No.	Gender
	DD-MM-YYYY		

Children			
Name & Surname	Date of Birth	Relationship	Gender
	DD-MM-YYYY		
	DD-MM-YYYY		
	DD-MM-YYYY		
	DD-MM-YYYY		
	DD-MM-YYYY		
	DD-MM-YYYY		

Beneficiary			
Name & Surname	Date of Birth	Relationship	% Share
	DD-MM-YYYY		

TOTAL PREMIUM	
a)	As a result of intentional abortion (aborted fetuses are not covered)
b)	Premium in arrears
c)	A claim that is not lodged within 12 months of date of death
d)	If the cause of death is not stated, or stated to be 'under investigation' or not medically specific
e)	As a result of any pre-existing condition if death occurs within 12 months after membership commencement date
f)	As a result of suicide happening within 12 months after membership commencement date

No refund of premiums in respect of points (a) to (f) listed above.

Member's Signature	Date	DD-MM-YYYY
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