

## MEMBERSHIP APPLICATION FORM (ADULT DEPENDENT)

NAME OF PRINCIPAL MEMBER : \_\_\_\_\_

IDENTITY NUMBER (ID) : \_\_\_\_\_

RESIDENTIAL ADDRESS : \_\_\_\_\_

CONTACT NUMBERS : \_\_\_\_\_

EMAIL ADDRESS : \_\_\_\_\_

1. Name of all adult dependents whom you wish to cover:

	TITLE	SURNAME	FULL NAMES	ID NUMBER	RELATIONSHIP	COVER AMOUNT
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

**Please attach the following Certified Documents:**

- Principal Member certified ID copy and
- All Dependent's certified ID copies OR Birth Certificates

**NB:** Please note that there is a six (6) months waiting period before claim can be made

\_\_\_\_\_  
MEMBER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

**Banking Details:**

Account Holder : Neighbour Funeral Scheme  
Bank Name : Standard Bank  
Account No. : 421272546  
Branch Code : 051001  
Account Type : Current Account

**FOR OFFICE USE**

\_\_\_\_\_  
AUTHORISED SIGNATURE

\_\_\_\_\_  
DATE

OFFICIAL STAMP