

MEMBERSHIP APPLICATION FORM (INDIVIDUAL)

NAME OF PRINCIPAL MEMBER : _____
 IDENTITY NUMBER (ID) : _____
 RESIDENTIAL ADDRESS : _____
 CONTACT NUMBERS : _____
 EMAIL ADDRESS : _____

	TITLE	SURNAME	FULL NAMES	ID NUMBER	COVER AMOUNT
1.					

Please attach a certified ID copy

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

MEMBER SIGNATURE

DATE

WITNESS

DATE

OFFICIAL SIGNATURE

DATE

Banking Details:

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



OFFICIAL'S STAMP