

MEMBERSHIP APPLICATION FORM (PM+5)

NAME OF PRINCIPAL MEMBER : _____

IDENTITY NUMBER (ID) : _____

RESIDENTIAL ADDRESS : _____

CONTACT NUMBERS : _____

EMAIL ADDRESS : _____

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

	TITLE	SURNAME	FULL NAMES	ID NUMBER	RELATIONSHIP	COVER AMOUNT
1.						
2.						
3.						
4.						
5.						

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

OFFICIAL SIGNATURE

DATE

<u>Banking Details:</u>	
Account Holder	: Neighbour Funeral Scheme
Bank Name	: Standard Bank
Account No.	: 421272546
Branch Code	: 051001
Account Type	: Current Account



OFFICIAL'S STAMP