

MEMBERSHIP APPLICATION FORM (PM+9)

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.						
6.						
7.						
8.						
9.						

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

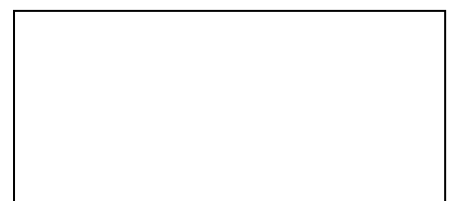
DATE

OFFICIAL SIGNATURE

DATE

Banking Details:

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



OFFICIAL'S STAMP

