

# GOODIES FUNERAL DIRECTORS

## Application For Membership

Policy No

Date \_\_\_\_\_

### Principal Members Details

Surname \_\_\_\_\_

Full name \_\_\_\_\_

ID Number \_\_\_\_\_

Address \_\_\_\_\_

Tel NO: (w/h) \_\_\_\_\_

Tel No:(cell) \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Spouses Detail

Surname \_\_\_\_\_

Full Name \_\_\_\_\_

ID Number \_\_\_\_\_

### Dependant's Details (Under 21 Years)

Surname	Full name	Relationship	ID Numbers																

Plan	Age Group	Single	Family	Premium	Pro Cover	Repat	Total Premium
<b>Joining Fee</b>							
<b>Total</b>							

**\*Subject to change: Terms and Conditions Apply**

**Client's Initials:** \_\_\_\_\_

**Declaration (To be completed in full)**

I.....(Principal Member) Understand and agree to the terms and conditions of this Policy. I confirm I have received and read a copy of the policy terms and all other necessary documents which are specified on the policy terms, furthermore, I understand all rules, terms and conditions pertaining to the cover I have requested. I confirm that the information provided above to be true and correct.

I further confirm that the dependants I have nominated above are financially dependant on me (during their lifetime or upon death)

Signature of Main member: \_\_\_\_\_

Date: \_\_\_\_\_

Sales Consultant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature : \_\_\_\_\_