APPLICATION FORM

AMANDLAMASHA
FUNERAL & FINANCIAL SERVICES
ISAIAH 40:31

JOINING FEE	R

BRANCH.:	
AGENT NAME.:	
POLICY NUMBER.:	

SECTION1: POLICY HOLDER DETAILS	TITTLE.:		MARITAL STATUS.:		GENDER	
FIRST NAMES.:						
SURNAME.:					MAIDEN NAME:	
ID NUMBER.:					BIRTH DATE:	
PHYSICAL ADDRESS.:						
POSTAL CODE.:		CELL NO.:		CELL NO.:		

SECTION2: DEPENDANTS TO BE COVERED (please provide us with information of your selected dependents to be covered)

	SURNAME	FIRST NAME	ID NUMBER	RELATION TO MEMBER
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

NB COPIES OF ID'S AND BIRTH CERTIFICATES OF THE INSURED TO BE ATTACHED

SECTION 3: SELECTION OF BENEFITIARY (beneficiary will NOT be covered for funeral plan UNLESS detailed under SECTION 2)

FIRST NAMES	SURNAME	ID NUMBER	RELATION TO MEMBER

PAYMENT METHOD(MARK WITH X)	
	CASH
	BANK DEPOSIT
SELECT ONLY (1)	

SECTION 4: BANKING DETAILS					
ACCOUNT HOLDER'S NAME	AMANDLAMASHA	ACCOUNT NUMBER	62770124264	BANK NAME	FNB
PAYMENT REFERENCE	PREMIUM PAYERS NAME		BRANCH CODE	220655	