Mbara Funeral Directors

Reg No: 201/163068/07

(MZIWONKE) APPLICATION FORM

A. PERSONAL DETAILS OF MAIN MEMBER

SURNAME & NAME	
ID NUMBER	
GENDER:	ADDRESS:
CONTACT NO:	

B. DEPENDANTS

SURNAME & NAME	ID NUMBERS	GENDER:
1		
2		
3		
4		
5		
6		
7		
8		
9		

GALELEBHAYINI CATEGORY

TOTAL MONTHLY PREMIUM	R 150.00	BRANCH	
		AGENT NAME	
PAYMENT – METHOD	DIRECT DEBT ORDER: ☐ EMPLOYER DEDUCTION: ☐ DIRECT DEPOSIT: ☐ CASH PAYMENT: ☐		

C. NOMINATED BENEFICIARY

(TO WHOM THE BENEFITS ARE PAID TO IN THE EVENT OF A MAIN MEMBERS DEATH)

NAME & SURNAME OF BENEFICIARY	
ID No' :	CONTACT No' :

D. DECLARATION

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Applicant's Signature Date