FUNERAL APPLICATION FORM

THUTO SACCOS
Spells Successful Future

New Application: ☐ Amendments: ☐ Cancellation: ☐

PERSONAL DETAILS

Full Name: _____

Omang No. _____

Cell No. _____

DOB: _____

Employer: _____

SPOUSE DETAILS

Full Name: _____

Omang No. _____

Cell No. _____

DOB: _____

CHILDREN'S DETAILS

Children under 21 years old, if above, can only be covered if they are in full-time study or if mentally or physically handicapped (proof required).

1. Full Name: _____ DOB: _____
2. Full Name: _____ DOB: _____
3. Full Name: _____ DOB: _____
4. Full Name: _____ DOB: _____
5. Full Name: _____ DOB: _____
6. Full Name: _____ DOB: _____

ADULT CHILDREN'S DETAILS

Children over the age of 21 years but not older than 35 years.

1. Full Name: _____ Benefit: _____ Premium:
   Relationship: _____ DOB: _____ Funeral Services: _____
2. Full Name: _____ Benefit: _____ Premium:
   Relationship: _____ DOB: _____ Funeral Services: _____
3. Full Name: _____ Benefit: _____ Premium:
   Relationship: _____ DOB: _____ Funeral Services: _____
4. Full Name: _____ Benefit: _____ Premium:
   Relationship: _____ DOB: _____ Funeral Services: _____

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PARENT'S & IN-LAWS DETAILS

Maximum of 4 parents if married. Age of parent's entry shall be less than 80 years unless stated otherwise.

1. Full Name: _____ Benefit: _____ Premium:
Relationship: _____ DOB: _____ Funeral Services: _____

2. Full Name: _____ Benefit: _____ Premium:
Relationship: _____ DOB: _____ Funeral Services: _____

3. Full Name: _____ Benefit: _____ Premium:
Relationship: _____ DOB: _____ Funeral Services: _____

4. Full Name: _____ Benefit: _____ Premium:
Relationship: _____ DOB: _____ Funeral Services: _____

EXTENDED FAMILY DETAILS

Age of entry for extended family shall be less than 85 years.

1. Full Name: _____ Benefit: _____ Premium:
Relationship: _____ DOB: _____ Funeral Services: _____

2. Full Name: _____ Benefit: _____ Premium:
Relationship: _____ DOB: _____ Funeral Services: _____

3. Full Name: _____ Benefit: _____ Premium:
Relationship: _____ DOB: _____ Funeral Services: _____

4. Full Name: _____ Benefit: _____ Premium:
Relationship: _____ DOB: _____ Funeral Services: _____

5. Full Name: _____ Benefit: _____ Premium:
Relationship: _____ DOB: _____ Funeral Services: _____

6. Full Name: _____ Benefit: _____ Premium:
Relationship: _____ DOB: _____ Funeral Services: _____

7. Full Name: _____ Benefit: _____ Premium:
Relationship: _____ DOB: _____ Funeral Services: _____

8. Full Name: _____ Benefit: _____ Premium:
Relationship: _____ DOB: _____ Funeral Services: _____

9. Full Name: _____ Benefit: _____ Premium:
Relationship: _____ DOB: _____ Funeral Services: _____

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10. Full Name: _____ Benefit: _____ Premium:
Relationship: _____ DOB: _____ Funeral Services: _____

11. Full Name: _____ Benefit: _____ Premium:
Relationship: _____ DOB: _____ Funeral Services: _____

12. Full Name: _____ Benefit: _____ Premium:
Relationship: _____ DOB: _____ Funeral Services: _____

Admin Fee: P10.00 Total Premium: _____

BENEFICIARY DETAILS:

Full Name: _____

Relationship: _____

Mobile No. _____

Work No. _____

_____ _____
Member's Signature Date

_____ _____
Received By EB Date

NB: *Immediate family, parents and extended family members will be covered after six (6) months.*