

FUNERAL APPLICATION FORM



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: _____	

Tel: +267 390 2023

Postal Address: P. O. Box 45821 Riverwalk, Gaborone

Email Address: info@thutosaccos.co.bw

Website: www.thutosaccos.co.bw



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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: _____

Admin Fee: P10.00 Total Premium: _____

BENEFICIARY DETAILS:

Full Name: _____	_____	_____
Relationship: _____	Member's Signature	Date
Mobile No. _____	_____	_____
Work No. _____	Received By EB	Date

NB: Coverage carries a 3-month waiting period for nuclear family & adult children and a 6-month waiting period for parents & extended family.