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FUNERAL COVER APPLICATION FORM

Policy number				Date of regist	ration:	D D	ММ	Y Y	YYY	
				<u> </u>						
A. POLICYHOLDER DETAILS										
Title:		Gender:	Surn	name:						
Full names:		Ider	ntity nu	umber:						
Date of birth: D D M M Y Y Y Y Nationality: Marital Status:										
Residential address:										
Postal code:										
Postal address:							Postal code:			
Occupation: Name of employer:										
Contact details:										
Home Number	:		Wc	ork number:						
Cell Number:		Email:								
B. SPOUSE'S DETAILS										
Full names Surname Identity number Date of birth										
Tull lialities		Surname		identity namber	D D M M Y Y Y Y					
C. CHILDREN'S DETAILS										
	Full names	Surname	Surnamo		Identity number		Date of birth G		dor	
1	ruii names	Surname		identity humbe	=1	Date of 1	oirth	Gen	der	
2										
3										
4										
5										
7										
8										
D. DEPENDENTS										
Full names		Surname		Identity number	Date	Date of birth		Relationship Gender		
1										
2										
4										
E . BENEFICIARY (The beneficiary will be paid the benefit in the event of the death of a principal member)										
Name Surname				Identity number Relationship						
F. OPTIONAL BENEFITS (Attached find exel format of optional benefits)										
	Plan	Registration		Monthly Contribution/ Pres	miums		Beni	fits cover		
Contribution/ Premiums NB: Please see attached premiums on the brochure eg senqu, mohokare etc of 6 plans.										
G. METHOD OF PAYMENT : Cash Eco-cash Stop-order Debit order										
Declaration										
• I confirm that the above information is true and correct. Signature of Applicant:										
I declare that I have read and understood the terms and conditions attached to this policy.										
I undertake to abide and to be bound by the terms and Date:										