

RHEMA FUNERAL COVER APPLICATION FORM

1. COVER DETAILS (PLEASE SELECT YOUR COVER OPTION).

Plan options	PLAN A	PLAN B
MONTHLYPREMIUM	R150	R200

WAITING PERIOD:

03 MONTHS IF YOU DON'T HAVE FUNERAL PLAN

NO WAITING PERIOD IF YOU HAVE EXISTING PLAN AND ITS UP TO DATE

2. MAIN MEMBER DETAILS

Title		Initials		Surname	
First names					Gender M F
Identity number					
Telephone home				Cell	

3. BENEFICIARY DETAILS

SURNAME	FULL NAMES	IDENTITY NUMBER/DATE OF BIRTH	RELATIONSHIP TO MAIN MEMBER	DATE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
	EXTRA MEMBER R20 EACH			
1.				
2				
3				

CLIENT SIGNATURE _____ DATE _____ PLACE _____

OFFICE USE ONLY

NAMES _____ SURNAME _____

SIGNATURE _____ DATE _____ PLACE _____