

MEMBERSHIP FORM

— FUNERAL PARLOUR REGISTRATION

CoverUp

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BUSINESS INFORMATION

Funeral Parlour Name : MPITI FUNERAL HOME Trading As :

Business Registration Number :

Business License Number :

Tax Identification Number (TIN) :

Postal Type :

Business

Physical

Business Address : ERF 48
FIKILE MOLMO STREET
BIZANA

City :

Province : EASTERN CAPE

Postal Code : 4800

Physical Address :

SAME AS ABOVE

City :

Province :

Postal Code :

PARLOURS COMPANY INFORMATION

Does the company offer a 24-hour service :

Yes

No

Have any of the Director(s) been declared insolvent :

Yes

No

Does the company offer any specialized, niche or unique services in your industry

Yes

No

Are there any pending judgements, defaults or civil cases against your company

Yes

No

Which province(s) do you provide services in?

KZN

EC

GP

MP

LIM

FS

WC

NC

NW

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FUNERAL PARLOUR OWNER DETAILS

Title : Mrs Initials : B.V. Gender : Male Female
Name: BUSISWA VICTRESS Surname : MPITI
Mobile Number : 0834883908 Alt Number : 0833784751
E-Mail : aqiq93@gmail.com
Race : African Coloured Indian White Other

FUNERAL PARLOUR MANAGER DETAILS

Title : Miss Initials : Q. A. Gender : Male Female
Name : QAQAMBA ANATHI Surname : MPITI
Mobile Number : 0734700351 Alt Number :
E-Mail : msuthukazi486@gmail.com
Race : African Coloured Indian White Other

FUNERAL PARLOUR GENERAL INFORMATION

E-Mail Address : mpitifunerals@gmail.com
Landline : Number of branches : 2
Alt Number : 0603971865
Social Media Handles
LinkedIn :
TikTok :
Instagram : MPITI FUNERALS
Facebook : MPITI FUNERALS
X(Twitter) :

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SERVICE OFFERINGS

MAIN SERVICE

Please describe the primary services your funeral parlour offers.

Burial Services: Coordinating the burial process, including grave preparation, selecting a cemetery plot, and arranging for a graveside service

Yes No

Cremation Services: Arranging and managing the cremation process, including obtaining necessary permits, handling the deceased, and providing a variety of urns for ashes.

Yes No

Repatriation of Remains: Facilitating the transportation of the deceased back to their home country or location, handling all legal and logistical requirements involved in repatriation

Yes No

Cross-Border Funeral Services: Assisting with arrangements for funerals that involve multiple locations, including cross-border services.

Yes No

Document Preparation and Notarization: Assisting with the preparation and notarization of necessary documents for the funeral and related arrangements.

Yes No

Personalized Funeral Services: Customizing funeral services to reflect the personality, culture, and preferences of the deceased and their family, including themed services or incorporating unique elements.

Yes No

Legal and Administrative Assistance: Helping families with the necessary legal and administrative tasks following a death, such as obtaining death certificates, handling estate matters, and notifying government agencies.

Yes No

Memorial Services: Planning and conducting memorial services, which may occur independently of a burial or cremation, focusing on celebrating the life of the deceased.

Yes No

Funeral Program Design and Printing: Creating and printing funeral programs, memorial cards, thank-you notes, and other necessary documents for the service.

Yes No

Body Preparation and Embalming: Professional services for preparing the body for viewing or burial, including embalming, dressing, and cosmetic application to ensure the deceased is presented respectfully.

Yes No

Viewing and Visitation Arrangements: Organizing times for family and friends to view the deceased and pay their respects, often including setup and coordination of a chapel or viewing room.

Yes No

Transportation Services: Arranging for hearses and other vehicles needed to transport the deceased from the place of death to the funeral home, to the burial site, or crematorium, as well as transporting family members and guests.

Yes No

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EXTRA SERVICE OFFERING

Draping	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Toilets	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Grocery benefit	:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Mobile Fridge	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Sound System	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Video streaming	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Airtime Allowance	:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Tombstone	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Catering	:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Grief Counselling	:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Floral Arrangements (Flowers & Wreaths)	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Urns	:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Funeral Programs and Stationery :		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Grave Liners and Burial Vaults :		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Grave digging		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Other (Please list below)			

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FACILITY AND EQUIPMENT REGISTRATION

Hearses :	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Embalming Equipment :	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Cremation Equipment :	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Coffin/Casket Stock :	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Trolleys and Stretchers :	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Grave Digging Equipment :	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Preparation Room Equipment :	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Grief Counseling Resources :	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Cremation Viewing Room :	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

ATTACH REQUIRED DOCUMENTS

CIPC Business Registration :	<input checked="" type="checkbox"/> Tick
Operating License Certificate :	<input type="checkbox"/>
Insurance Certificate :	<input type="checkbox"/>
Tax Clearance Certificate :	<input checked="" type="checkbox"/>
Accreditation Certificates :	<input checked="" type="checkbox"/>
Health and Safety Certificate :	<input checked="" type="checkbox"/>
Environmental Compliance Certificate :	<input checked="" type="checkbox"/>
BEE Certificate :	<input checked="" type="checkbox"/>
Company Logo :	<input checked="" type="checkbox"/>
Photographs of Facilities :	<input checked="" type="checkbox"/>

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INDEMNITY FORM

This Indemnity Form ("Form") is made and entered into on [Date], by and between:

CoverUp (PTY) LTD

(hereinafter referred to as "CoverUp"), an online platform designed to simplify the process of obtaining burial coverage and funeral services,

and

MPII FUNERAL HOME (hereinafter referred to as "The Funeral Parlour"), a funeral service provider registered under the laws of [Country], with a principal place of business at
[Address: 48 FIKILE MUONO ST BIZANA

WHEREAS:

CoverUp provides an online platform that connects users with funeral parlours to facilitate the

- arrangement of burial services.

The Funeral Parlour wishes to be listed on CoverUp's platform to provide services to potential

- customers.

NOW, THEREFORE, the Parties hereby agree as follows:

Acknowledgment and Acceptance of Terms

The Funeral Parlour acknowledges and agrees that its registration on the CoverUp platform is subject to the terms and conditions outlined in this Form and any other agreements made between the parties.

Indemnity

The Funeral Parlour hereby indemnifies and holds CoverUp, its affiliates, officers, agents, and employees harmless from any claims, damages, losses, liabilities, costs, or expenses (including reasonable attorney's fees) arising out of or in connection with:

- Any misrepresentation or false information provided by the Funeral Parlour during the registration process or thereafter.
- Any breach of this Form or any applicable laws or regulations by the Funeral Parlour.
- Any claims related to the services provided by the Funeral Parlour to customers obtained through the CoverUp platform, including but not limited to, service failures, customer dissatisfaction, or any form of liability arising from the Funeral Parlour's operations.

Limitation of Liability

CoverUp shall not be liable for any indirect, incidental, special, consequential, or punitive damages, including but not limited to, loss of profits, data, use, goodwill, or other intangible losses, resulting from the Funeral Parlour's registration or use of the CoverUp platform.

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INDEMNITY FORM

Compliance with Laws

The Funeral Parlour agrees to comply with all applicable laws, regulations, and industry standards in the provision of its services to customers. The Funeral Parlour also agrees to maintain all necessary licenses and permits required to operate as a funeral service provider.

Representation and Warranty

The Funeral Parlour represents and warrants that all information provided to CoverUp during the registration process and thereafter is true, accurate, and complete. The Funeral Parlour agrees to promptly update any information that may change over time.

Termination

CoverUp reserves the right to terminate the registration of the Funeral Parlour on its platform for any reason, including but not limited to, non-compliance with the terms of this Form, failure to maintain required licenses, or receipt of complaints from customers.

Governing Law

This Form shall be governed by and construed in accordance with the laws of South Africa. Any disputes arising from this Form shall be resolved in the courts of South Africa.

Entire Agreement

This Form constitutes the entire agreement between the Parties concerning the subject matter hereof and supersedes all prior agreements or understandings, whether written or oral.

IN WITNESS WHEREOF, the Parties hereto have executed this Form as of the date first above written.

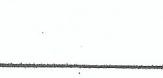
[Signature: ]

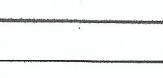
[Name: Ms Q.A. Mpiti]

[Designation: Manager]

Authorized Representative of CoverUp

[Signature: ]

[Name: ]

[Designation: ]

Authorized Representative of MPIN FUNERAS

THANK YOU FOR YOUR INFORMATION