



FUNERAL COVER DETAILS FORM FOR FOUR CHILDREN & A SPOUSE

1. MEMBERS'S DETAILS					
MEMBER'S NAME:					
ID NUMBER:					
MEMBER NUMBER:					
TSC/P.F. NUMBER:					
DATE OF BIRTH					
MOBILE NUMBER:					
ADDRESS:					
SIGN:					
2. SPOUSE DETAILS					
SPOUSE NAME:					
ID NUMBER:					
MOBILE NUMBER:					
DATE OF BIRTH:					
ADDRESS:					
3. CHILDREN DETAILS					
a)	NAME:		b)	NAME:	
	ID NO. / BIRTH CERTIFICATE NO.			ID NO. / BIRTH CERTIFICATE NO.	
	DATE OF BIRTH:			DATE OF BIRTH:	
	MOBILE NUMBER:			MOBILE NUMBER:	
	GENDER:			GENDER:	
c)	NAME:		d)	NAME:	
	ID NO. / BIRTH CERTIFICATE NO.			ID NO. / BIRTH CERTIFICATE NO.	
	DATE OF BIRTH:			DATE OF BIRTH:	
	MOBILE NUMBER:			MOBILE NUMBER:	
	GENDER:			GENDER:	

Attach:

1. Copy of Spouse ID
2. Copies of Birth Certificates of the FOUR children (for children above 18yrs include National ID & Birth Certificate.)

NB: This cover only covers children below 25 years of age

OFFICIAL USE:

Received by: _____ Signature: _____ Date: _____

Registered by (System): _____ Signature: _____ Date: _____

Forwarded by: _____ Signature: _____ Date: _____

All correspondence to be addressed to the Chairman