ISIVALELISO
FUNERAL SERVICES
Compassion | Dignity | Respect

FUNERAL COVER APPLICATION FORM

Compassion | Dignity | Respect

1. APPLICATION INFORMATION

Application Date:	_____	**Policy/Application No.:**	_____
Agent/Representative:	_____	**Branch/Office:**	_____

2. MAIN APPLICANT / POLICYHOLDER DETAILS

Full Name & Surname:		_____	
South African ID / Passport No.:		_____	
Date of Birth:		_____ Gender: ☐ Female ☐ Male ☐ Other	
Residential Address:		_____	
Postal Address:		_____	
Mobile Number:	_____	**Alternative Number:**	_____
Email Address:	_____	**Marital Status:**	☐ Single ☐ Married ☐ Other

3. FUNERAL COVER SELECTION

Plan Selected:	☐ Individual ☐ Family ☐ Extended Family	**Cover Amount:**	R
Monthly Premium:	R _____	**Payment Frequency:**	☐ Monthly ☐ Other
Start Date Requested:	_____	**Waiting Period:**	As per policy terms
Number of Lives Covered:	_____	**Preferred Payment Date:**	_____

4. PERSONS TO BE COVERED

Please complete one line per person. Attach an additional page if more space is required.

No.	Full Name & Surname	Relationship	ID/Passport No.
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			

12			
13			
14			
15			

5. BENEFICIARY DETAILS

Beneficiary Full Name & Surname:	_____
Relationship to Applicant:	_____
ID / Passport No.:	_____
Contact Number:	_____

6. PREMIUM PAYMENT DETAILS

Payment Method:	☐ Debit Order ☐ EFT ☐ Other: _____
Account Holder:	_____
Bank Name:	_____
Account Type:	☐ Cheque/Current ☐ Savings
Account Number:	_____

7. DECLARATION & CONSENT

I/We declare that the information provided in this application is true and complete to the best of my/our knowledge. I/We understand that cover is subject to the applicable policy terms, conditions, exclusions, underwriting requirements and waiting periods. I/We understand that this application does not by itself constitute confirmation that cover has commenced. I/We consent to the processing of my/our personal information for purposes permitted under the applicable policy and law.

Important: This form is an application document only. The final policy wording, benefits, exclusions, premiums and waiting periods must be provided to the applicant and will govern the cover.

Applicant Signature:	_____	**Date:**	_____
Agent/Representative Signature:		**Date:**	

8. OFFICE USE ONLY

Application Received:	_____	**Received By:**	_____
Documents Verified:	☐ Yes ☐ No	**Verification Date:**	_____
Application Status:	☐ Approved ☐ Declined ☐ Pending	**Policy No.:**	_____
Comments:	_____	**Authorised By:**	_____