



# ABASHA

## FUNERAL SERVICE

PROFESSIONAL SERVICE GUARANTEED

### APPLICATION FORM

POLICY NUMBER	
JOINING FEE	R

TYPE OF WORK				
PLAN - A	PLAN - B	PLAN - C	PLAN - D	PLAN - E

POLICY PREMIUM	R
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#### PERSONAL DETAILS OF THE MAIN MEMBER OF THE POLICY

FULL NAMES		FIRST NAME	
ID NUMBER		AGE	
GENDER		RACE	
MARITAL STATUS		CELL NO	

#### DETAILS OF SPOUSE

FULL NAMES		FIRST NAME	
ID NUMBER		AGE	
GENDER		RACE	
MARITAL STATUS		CELL NO.	

#### PARTICULARS OF THE DEPENDENTS

NAMES & SURNAME	ID NUMBER	RELATIONSHIP	AGE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

#### ADDITIONAL MEMBERS

NAMES & SURNAME	ID NUMBER	RELATIONSHIP	AGE
9.			
10.			
11.			
12.			

**Declaration:** I certify and confirm that the information I have written on this form to be true and accurate and the documents I have submitted herewith to be true copies of original documents.

Client Signature: \_\_\_\_\_ Date: ...../...../20.....