



# African FUNERAL HOME

Unit 10, 21 Pineside Road, New Germany, Pinetown 3610  
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- PINETOWN
- DURBAN
- HAMMERSDALE
- BIZANE
- PORT SHEPSTONE
- TONGAAT
- NEW GERMANY

## APPLICATION FORM

### CLIENT BANKING DETAILS

NAME OF ACC:	
BANK:	
ACCOUNT NO.:	
BRANCH CODE:	
TYPE OF ACC:	

### CONTRACT DETAILS

BRANCH NAME: .....		PHYSICAL ADDRESS:	
TEL: (HOME)		OFFICE USE ONLY	
TEL: (WORK)			
CELL1:			
CELL2:			
		POLICY NUMBER	CODE:

### MAIN MEMBER AND SPOUSE DETAILS

MAIN MEMBER	SPOUSE DETAILS (if married)
NAME:	NAME:
SURNAME:	SURNAME:
ID NUMBER:	ID NUMBER:
GENDER: Male <input type="checkbox"/> Female <input type="checkbox"/> AGE: <input type="text"/>	GENDER: Male <input type="checkbox"/> Female <input type="checkbox"/> AGE: <input type="text"/>
STATUS:	STATUS:

### CHILDRENS DETAILS

NAME	INITIALS	SURNAME	ID NUMBER	AGE

### EXTENDED MEMBERS

NAME	INITIALS	SURNAME	ID NUMBER	AGE

- 1: I warrant that the intermediary have provided me with satisfactory details of his/her experience
- 2: I warrant that he/she assisted me in understanding all the benefits, terms, conditions of this funeral policy.
- 3: I/We understand and accept the waiting periods, benefits, premium and the cover amount.
- 4: Failure to pay premiums will result in benefits lapsing.

5: In the event of any query regarding this policy or any other claim in terms of this policy, consent to the disclosure of any relevant information to the intermediary or any Abaha Funeral Home official for the purpose of resolving the query

6; authorize hotne to Obtain from any doctor, Other person. necessary medical information, even after death

7'. I/We understand that false information can lead to the cancellation of this policy. that premiums can be forfeited and that no claims will be paid,

SIGNED: —