



MOONLIGHT PROVIDENT ASSOCIATES P/L T/A MOONLIGHT FUNERAL ASSURANCE

APPLICATION FORM FOR GROUP FUNERAL ASSURANCE COVER

We light your way to final destiny

GROUP SCHEME NAME.....

THIS IS A [NEW] [ADDITIONAL] [CHANGE] MEMBER / FAMILY SUM ASSURED: \$

Date when cover becomes effective...../...../..... PREMIUM PER MONTH: \$

PART 1 (MEMBER DETAILS)

PLEASE TICK WITH AN "X" IN THE BOX APPLICABLE

Name(s).....Sex [M] [F] Date of Birth

Surname..... Employee No.

Occupation.....

Place of Work..... Nat. Reg. No.

Physical Address.....

Telephone No. Mobile Email address

PART 2 (SPOUSE DETAILS)

Full Name of Spouse..... Date of Birth

Nat. Reg. No./Birth Certificates No.....Sex [M] [F] PLEASE TICK WITH AN "X" IN THE BOX APPLICABLE

PART 3 (CHILDREN'S DETAILS)

Table with columns: NAME OF CHILD, IF AVAILABLE BIRTH CERTIFICATE NO, DATE OF BIRTH. Includes sub-columns for M and F.

(Please use separate sheet if Children are more) N.B. ONLY CHILDREN UNDER 18 SHOULD BE NOMINATED HERE/23 YEARS IF IN FULL TIME TERTIARY EDUCATION

PART 4 (DETAILS OF BENEFICIARIES)

PLEASE TICK WITH AN "X" IN THE BOX APPLICABLE

Table with columns: FULL NAME, D.O.B, RELATIONSHIP, LD NUMBER, SUM ASSURED, MONTHLY PREMIUM, SEX.

N.B An additional premium will be payable, per added other dependant. (Use separate sheet if dependants are more)

PART 5 (ANCILLARY RIDERS)

Table with 2 columns: Rider number (1, 2, 3) and Premium amount (\$).

TOTAL PART 1,4 & 5 MONTHLY PREMIUM: \$

SIGNATURE OF CLIENT:.....DATE:...../...../.....

PART 6 (FOR COMPANY USE ONLY)

I certify that the information given hereon is absolutely the truth to the best of my knowledge and that the employee stated herein is employed by this firm.

Name and Signature of Authorised Company official

Employer's official Stamp