

# MOONLIGHT PROVIDENT ASSOCIATES P/L

*t/a MOONLIGHT FUNERAL ASSURANCE & SERVICES*

## PRE-PAYMENT PROGRAMME

## APPLICATION FOR MEMBERSHIP

**PROGRAMME NUMBER:**

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

### DETAILS OF BENEFICIARY

SURNAME ..... FIRST NAME(S) .....

DAY OF BIRTH ..... MONTH ..... YEAR ..... SEX M/F .....

*If Available*

I.D. NUMBER ..... PROFESSION/OCCUPATION .....

*If Available*

MARITAL STATUS ..... NAME OF SPOUSE .....

ADDRESS .....

| TARGETED AMOUNT             | CONTRIBUTION | TYPE OF PROGRAMME | TERM |
|-----------------------------|--------------|-------------------|------|
|                             |              |                   |      |
| <i>FREQUENCY OF PAYMENT</i> | STOP ORDER   |                   |      |
|                             |              |                   |      |

### DETAILS OF SUBSCRIBER:

SURNAME ..... FIRST NAME(S) .....

**POST TO:**  
*(TICK)*

BUSINESS ADDRESS .....

HOME ADDRESS .....

TEL: HOME ..... BUSINESS .....

### DECLARATION BY SUBSCRIBER

I have been made aware that the Pre-payment Programme is a Credit-Programme and not a Funeral Policy. I have been made aware that should death occur to the beneficiary the amount already paid automatically becomes a deposit and will be used to liquidate the funeral services to be provided. Should the funeral service exceed the deposit already paid, instalments will be negotiated to liquidate amount owing. Period of repayment should be between 6 months to 12 months.

Full Name & Signature of Representative: .....

Thus done and agreed by the Subscriber at ..... on the .....  
day of ..... 2

Full Name of Subscriber: ..... Date .....

Signature: .....

**OFFICE USE:**