

# Group Funeral Scheme

## Personal Details

Full Name: \_\_\_\_\_

Omang Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

## Family Details

Spouse's Full Name: \_\_\_\_\_

Omang Number (ID): \_\_\_\_\_

Postal Address: \_\_\_\_\_

## Children's Details

Children under 21 years old, if above, can only be covered if they are in full time study or if mentally or physically handicapped (proof required)

No	First Name	Surname	Date of Birth	Date joined
1				
2				
3				
4				
5				
<b>Premium</b>				

## Parents & In-laws Details

Maximum of 4 Parents

Parents						
No	Full Name	Omang No	Relationship	Date of Birth	Premium	Date joined
1						
2						
3						
4						
<b>Premium</b>						

Extended Family						
No	Full Name	Omang No	Relationship	Date of Birth	Premium	Date joined
1						
2						
3						
4						
5						
6						
7						
<b>Premium</b>						

Beneficiary's Full Name:	Mobile Number:	Member's Signature:	Date:
Relationship:	Work Number:	Received By EB:	Total Premium: