



# SRIC

Ensuring your tomorrow, today.

## GROUP FUNERAL/WONKHE WONKHE FUNERAL PLAN APPLICATION FORM

### A. LIFE ASSURED - PERSONAL / EMPLOYMENT DETAILS

Mr	Mrs	Miss	Dr	Other			
Name and Surname							
Maiden, former or other name							
Nationality (attach certified copy of ID & Birth Certificate)							
ID Number		Date & Place of Birth		DD /MM /YYYY			
Male		Female		Marital Status			
Telephone Number (home)			Mobile Number				
Email Address							
Postal Address							
Residential Address							
Occupation							
Name and Address of Employer							
Source of Income			Source of Wealth				
Income Bracket			(Indicate the source of funds being invested if not from salary e.g. savings, inheritance, investment, etc)				
E5 000 and below							
E5 0001 and E10 000							
E 10 001 and E20 000			Bank Name				
E20 001 and above			Account Number				

### B. NEXT OF KIN/CONTACT PERSON

Name	Contact Details	Relationship
1	Cell: <input type="text"/>	Home: <input type="text"/>
	Work: <input type="text"/>	Email: <input type="text"/>
2	Cell: <input type="text"/>	Home: <input type="text"/>
	Work: <input type="text"/>	Email: <input type="text"/>

**C. APPLICANT IF OTHER THAN LIFE ASSURED**

Mr	Mrs	Miss	Dr	Other						
Name and Surname										
Maiden, former or other name										
Nationality (attach certified copy of ID & Birth Certificate)										
ID Number				Date & Place of Birth		DD /MM /YYYY				
Male		Female		Marital Status						
Telephone Number (home)				Mobile Number						
Email Address										
Postal Address										
Residential Address										
Occupation										
Name and Address of Employer										
Source of Income					Source of Wealth					
Income Bracket					<i>(Indicate the source of funds being invested if not from salary e.g. savings, inheritance, investment, etc)</i>					
E5 000 and below										
E5 0001 and E10 000										
E 10 001 and E20 000					Bank Name					
E20 001 and above					Account Number					

**D. DECIDE WHICH FUNERAL COVER YOU REQUIRE - FAMILY PLAN (TICK ONE)**

Plan	Basic Cover	Basic Premium	30% Tombstone Benefit on Principal Member	30% Tombstone Benefit on Principal Member plus Family Support	30% Tombstone Benefit on Principal Member & spouse	30% Tombstone Benefit on Principal Member & spouse plus Family Support	50% Tombstone Benefit on Principal Member	50% Tombstone Benefit on Principal Member plus Family Support	50% Tombstone Benefit on Principal Member & spouse	50% Tombstone Benefit on Principal Member & spouse plus Family Support
A	E 5 000	E 25.00								
B	E10 000	E 38.00					E 49.00	E 74.00	E 60.00	E 85.00
C	E15 000	E 57.00	E 66.00	E 91.00	E 75.00	E100.00	E 73.00	E 98.00	E 89.00	E114.00
D	E20 000	E 76.00	E 89.00	E114.00	E102.00	E127.00	E 97.00	E122.00	E118.00	E143.00
E	E25 000	E 95.00	E111.00	E136.00	E127.00	E152.00	E122.00	E147.00	E149.00	E174.00
F	E30 000	E114.00	E133.00	E158.00	E152.00	E177.00	E146.00	E171.00	E178.00	E203.00
G	E35 000	E133.00	E156.00	E181.00	E179.00	E204.00	E170.00	E195.00	E207.00	E232.00
H	E40 000	E152.00	E178.00	E203.00	E204.00	E229.00	E195.00	E220.00	E238.00	E263.00
I	E45 000	E171.00	E200.00	E225.00	E229.00	E254.00	E219.00	E244.00	E267.00	E292.00
J	E50 000	E190.00	E222.00	E247.00	E254.00	E279.00	E243.00	E268.00	E296.00	E321.00

Additional benefit (pays E1 000 worth of groceries, E300 electricity and E200 airtime) at E5.70

Total Premium

**E. DECIDE WHICH FUNERAL COVER YOU REQUIRE - MEMBER ONLY PLAN (TICK ONE)**

Plan	Basic Cover	Basic Premium	30% Tombstone Benefit	50% Tombstone Benefit
A	<input type="checkbox"/> E 5 000	E 16.00		
B	<input type="checkbox"/> E10 000	E 24.00	E 33.00	E 35.00
C	<input type="checkbox"/> E15 000	E 37.00	E 50.00	E 53.00
D	<input type="checkbox"/> E20 000	E 49.00	E 65.00	E 70.00
E	<input type="checkbox"/> E25 000	E 61.00	E 80.00	E 88.00
F	<input type="checkbox"/> E30 000	E 74.00	E 93.00	E106.00
G	<input type="checkbox"/> E35 000	E 86.00	E109.00	E123.00
H	<input type="checkbox"/> E40 000	E 98.00	E124.00	E141.00
I	<input type="checkbox"/> E45 000	E111.00	E140.00	E159.00
J	<input type="checkbox"/> E50 000	E124.00	E153.00	E177.00

Additional benefit (pays E1 000 worth of groceries, E300 electricity and E200 airtime) at E5.70

Total Premium

**F. DECIDE WHICH FUNERAL COVER YOU REQUIRE - SENIOR CITIZENS PLAN (TICK ONE)**

Plan	Basic Cover	Basic Premium	50% Tombstone Benefit
A Member Only	<input type="checkbox"/> E 5 000	E 42.50	
B Member Only	<input type="checkbox"/> E10 000	E 85.00	E 96.00
C Member and Spouse	<input type="checkbox"/> E 5 000	E 79.00	
D Member and Spouse	<input type="checkbox"/> E10 000	E 158.00	E180.00

Additional benefit (pays E1 000 worth of groceries, E300 electricity and E200 airtime) at E5.70

Total Premium

**G. AUTHORISE YOUR MONTHLY PREMIUM PAYMENT (TICK)**

Bank Debit Order

Mobile Money

Stop Order

Cash Payment

**H. PARTICIPANT'S SPOUSE(S)**

Surname and Forename(s)

Date of Birth and ID Number

*(50% of the premium for each additional spouse)*

Surname and Forename(s)

Date of Birth and ID Number

Surname and Forename(s)

Date of Birth and ID Number



## I. CHILDREN

Full Name	Date of Birth	ID Number
1		
2		
3		
4		
5		
6		
<i>(10% of the premium for each additional child)</i>		
7		
8		

## J. DISABLED CHILDREN

Full Name	Date of Birth	ID Number
1		
2		

## K. PARENTS

Full Name	Date of Birth	ID Number
Father		
Mother		
Father-In-Law		
Mother-In-Law		

## L. CLAIMANT NOMINATION

### i. FUNERAL EXPENSES

Full Name	Relationship	Date of Birth	ID Number
Postal Address			
Email Address			
Tel./Cell			

Where the nominated claimant predeceases the life assured, any member of the family may lodge a claim as a family representative, provided there is proof of his/her nomination e.g. Affidavit or Birth Certificate.

### ii. FAMILY SUPPORT

Full Name	Relationship	Date of Birth	ID Number
Postal Address			
Email Address			
Tel./Cell			

Where the nominated claimant predeceases the life assured, any member of the family may lodge a claim as a family representative, provided there is proof of his/her nomination e.g. Affidavit or Birth Certificate.



### M. DECLARATION (PLEASE READ CAREFULLY)

It is agreed and declared that:

1. All information supplied or to be supplied in consideration with this application, whether in my/our handwriting or not, is true and complete and will form the basis of the contract with the Corporation.
2. If any material information has been withheld, or any information supplied proves to be incorrect, the contract will be invalid and all premiums/contributions paid will be forfeited.
3. Authorisation by account holder for bank debit order purposes. The Corporation may draw against the account all amounts due to it in terms of this application. The authority is to remain in force until terminated by myself or the Corporation and I agree to advise the Corporation of any change in the account details.

Signature of the Life Assured  Date

AGENT (Please complete in BLOCK letters)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Special remarks

### N. DOCUMENTS TO BE ATTACHED

- Certified copy of Life Assured’s Birth Certificate and ID.
- Certified copies of Birth Certificates of all dependants including children and spouses
- Certified copies of ID’s of all parents and parents-in-law
- Certified copies of ID’s and certified copies of Marriage Certificates of spouses
- Certified copy of ID of beneficiary where one has been nominated

### O. FOR OFFICE USE

The officer in charge shall ensure that the client has accurately filled in the under-listed information.

Personal Details	<input type="text"/>	<input type="text"/>
Employment Details	<input type="text"/>	<input type="text"/>
Payment Details	<input type="text"/>	<input type="text"/>
Any Other Vital Information	<input type="text"/>	<input type="text"/>

Officer’s Signature	<input type="text"/>
Date	<input type="text" value="DD / MM / YYYY"/>
Supervisor’s Signature	<input type="text"/>
Date	<input type="text" value="DD / MM / YYYY"/>