



**APPLICATION FOR MEMBERSHIP
WITH BIBI FUNERAL GROCERY SCHEME**

Reg: 2010/015955/07

MAIN MEMBER DETAILS

Title		Contract Details	Premium:
Surname		<input type="checkbox"/> Cash&Grocery	R: _____
Full Names		<input type="checkbox"/> Inkomo	R: _____
E-mail		<input type="checkbox"/> Tombstone	R: _____
Address City, State ZIP Code			Total(Incl. Joining Fee)
Contact Number			R: _____

SPOUSE DETAILS

Title		Relationship:
Surname		<input type="checkbox"/> Married
Full Names		<input type="checkbox"/> Living together
Address		<input type="checkbox"/> Other
Contact Number		

COVERED CHILDREN DETAILS

Surname(s):	Full Names:	Identity Numbers:
	EXTENDED FAMILY MEMBERS	
Surname	Full Names	Identity Number(s):

AGREEMENT

- I hereby declare that I have read and understand the Terms&Condition as detailed overleaf.*
- No funeral Benefit or other Benefits will be claimed if the monthly fees are in arrears.*
- I have been informed of what the monthly fees will be for the benefits selected by me as well as to the benefits that I will receive.*
- I also understand that if this contract is to replace another, I might forfeit benefits that enjoyed under my previous contract.*

SIGNATURES

Representative Signature		Applicants Signature	
Name and Title		Name and Title	
Date		Date	