



SAPHUMULA BURIAL APPLICATION FORM

1. MEMBER'S PERSONAL DETAILS:

Name.....ID Number.....

Date of Birth:.....

Address:Residence.....Tel/Cell.....

Name of Employer.....

Chief.....Area.....

2. SPOUSE DETAILS

Name.....ID Number.....

3. BENEFICIARIES DETAILS:

3.1 Name.....ID Number.....

3.2 Name.....ID Number.....

3.3 Name.....ID Number.....

3.4 Name.....ID Number.....

3.5 NameID Number.....

4.0 ADDITIONAL BENEFICIARIES: (ATTACH PROOF FOR RELATIONSHIP)

4.1 Name.....ID Number.....

4.2 Name.....ID Number.....

4.3 Name.....ID Number.....

4.4 Name.....ID Number.....

BIRTH CERTIFACTES ATTACHED...YES/ NO.....

Signed:Date.....