

FUNERAL COVER APPLICATION FORM



Agent Details _____

Policy Number

Application Date

K2M Funeral Services
33 Welamlambo Section
Tembisa
Tel: 011 925 8134
Email: admin@k2mfunerals.co.za
www.k2mfunerals.co.za
Authorised FSP 44421

1. PRINCIPAL/ MAIN MEMBER/ POLICYHOLDER INFORMATION (Maximum entry age 65)

ID Number:

Date of Birth:

Title:

Initials

Marital Status

Gender:

Full Names:

Address:

Postal Code:

Telephone Cell 1:

Alt Number:

Email:

2. SPOUSE DETAILS (Please provide us with information of your life partner or spouse.)

ID Number:

Date of Birth:

Title:

Initials

Marital Status

Gender:

Full Names:

3. PLAN SELECTION (Please indicate selected plan)

Plan: Individual Packages

Ekhaya Plan

☐ Single Member Plan

☐

Plan: Family Packages

Family Respect Plan

☐ Family Dignity Plan

☐

Dependents between 65 - 74 (R105) QTY

☐

Plan: Extended Family Packages

Care Plan

☐ Respect Plan

☐ Premium Plan

Dependents between 75 - 85 (R155) QTY

☐

4. CHILDREN /EXTENDED FAMILY MEMBER DETAILS (Please provide us with information of your children and details of your extended family. Maximum entry age is below 84)

Name and Surname	Identity Number	Relation	Plan	Premium

5. PAYMENT METHOD (please indicate preferred payment method below)

Debit Order

☐

EFT/Bank Deposit

☐

EasyPay

☐

BANK: FNB

ACCOUNT HOLDER: K2M Funeral Services

ACCOUNT NO: 6238 770 9846

BRANCH CODE: 201510

6. TERMS & CONDITIONS

- I confirm that I understand the full details of the policy and that I have been provided with a summary of the policy terms and conditions.
- To the best of my knowledge and belief, the particulars given above are true and correct.
- I understand and agree that any willful misstatement in this application will invalidate any claim or benefit under this policy
- I undertake to abide by the terms and conditions of the policy.
- I undertake to make payment every month on or before the 7th. Failing which my policy may lapse and my cover will cease.
- All policies are subject to a six (6) months waiting period and 12 months for suicide deaths.
- I agree to an automatic premium increase of R5.00 being implemented on the policy annually in February.
- I acknowledge that I have received the rules and regulations and that they have been explained to me in a manner that I understand.

SIGNATURE OF PRINCIPAL// MAIN MEMBER/ POLICYHOLDER

Full Names:

Signature

Date:

