

AMADLOMO APPLICATION FORM

Amadlomo Funeral Plan
Office 2A Riverside Mall
Sterkspruit 9762
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Watsapp & Calls +27645278525
info@amadlomofuneralplan.co.za

Date		Joining Fee	R
Plan		Monthly Premium	R
Pay@No			

Main Member

Surname		ID No.	
Name			M F
Address		Tel No.	
		Cell No.	

Spouse Husband /Wife

Surname		ID No.	
Name			M F

Children / Dependants

Surname		ID No.	
Name			M F
Surname		ID No.	
Name			M F
Surname		ID No.	
Name			M F
Surname		ID No.	
Name			M F
Surname		ID No.	
Name			M F
Surname		ID No.	
Name			M F
Surname		ID No.	
Name			M F

BENEFICIARY

Surname		ID No.	
Name			M F
Address		Cell No.	

Agent Signature		Place:	
Client Signature		Date	