



NLIC CO-OPERATIVE FUNERAL GROUP

MEMBERSHIP FORM

Family Membership: _____ Individual Membership _____

Name: _____ Age: _____

Address: _____

Phone No: _____ Cell No: _____

E-mail: _____

Other Family Members:

1. Name: _____

Relationship: _____ Age: _____

2. Name: _____

Relationship: _____ Age: _____

3. Name: _____

Relationship: _____ Age: _____

4. Name: _____

Relationship: _____ Age: _____

5. Name: _____

Relationship: _____ Age: _____

6. Name: _____

Relationship: _____ Age: _____



Déclaration :

- I hereby certify that whatever I have stated above is true.
- I also certify that I have read and understood the Funeral Policy.
- I will provide a cell phone number by which I will join the WhatsApp group.
- I promise to pay my share of the funeral cost within 72 hours when demanded.
- I understand that my membership will stand cancelled if I fail to pay my share of the funeral cost within 72 hours of posting on the WhatsApp group.
- I certify that I will abide by all the rules and regulations and disclaimers as laid down in the Funeral Policy.

Signature of applicant: _____

Witness (Name & Signature): _____

Dated: _____

NOTE:

Please attach a copy of the principal applicant's Driving Licence and/or any other legal document(s) that may have been requested by the committee.

For official use:

Membership Fee Payment: _____

Submitted by: _____

Dated: _____

Approved by: _____

Comment:

