

*“Go home, rest and mourn the death of your LOVED one we’ll take care of everything.”*



**BLEKI & BLACKIE**  
Funeral Directors

*“LO I AM WITH YOU ALL THE WAY TILL THE END”*

*Matt. 28:20*

*Bleki & Blackie Funeral Directors*

**APPLICATION FOR MEMBERSHIP**

Policy number:..... Date of joining:.....

**OFFICE USE ONLY**

<i>Cover Taken</i>	<i>Monthly Premium</i>	<i>Joining Fee</i>	<i>Total</i>

**A. GENERAL**

- 1. This form is to be completed when-**
  - 1.1 a member’s membership of the Scheme commences in terms of the Conditions of the scheme; or**
  - 1.2 changes in the information regarding the member’s relatives as indicated in section C becomes applicable.**
- 2. In the event of the death of the member or a relative of the member, a copy of the form must accompany the death claim documents.**

**B. INFORMATION REGARDING THE MEMBER TO BE COMPLETED BY APPLICANT/OFFICIAL**

Surname:.....First Name:.....

Date of birth:.....Identity Number:.....

Physical Address:.....

Contact Numbers:.....

E-mail:.....

**C. APPLICATION BY MEMBER**

- 1. I hereby make an application for the family cover benefit in terms of the rules of the Scheme to be applicable to my relatives as indicated below:**

	First Name & Surname	Identity Number	Relationship	Cover
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				

- 2. When claiming a benefit for a relative, I acknowledge that the onus will be upon me to prove my relationship to such a person.**

Member’s signature:.....Date:.....

Witness signature:.....Date:.....

**Conditions of the Scheme**

- Joining fee is a once off payment of R60.
- All members are subject to a six months waiting period therefore members are not covered during this period. Individuals above 75 years are subject to 12 months waiting period.
- There is a twenty four (24) months waiting period on death due to suicide.
- Waiting period will be calculated after payment of Joining Fee and the First monthly premium.
- Premiums are payable on or before the 7<sup>th</sup> of each month.
- The policy is considered to have lapsed if it has not been paid for two consecutive months.
- In the case of family cover we require the ID's of both husband and wife with a marriage certificate.
- For a cover of a single member we require ID document.
- We specialize in conducting Funerals from Sunday to Friday, funerals on Saturdays are sub-contracted.
- We render a service only no money is paid to a client who has joined burial scheme.
- If there will be a change in the scheme members will be informed two months in advance.
- All deposit slips must be faxed to 086 619 7375 or emailed to [info@bnbfuneral.co.za](mailto:info@bnbfuneral.co.za) or [lbleki@bnbfuneral.co.za](mailto:lbleki@bnbfuneral.co.za)

**DECLARATION BY APPLICANT**

I .....(applicant to the policy) acknowledge and understand the conditions stated above and I agree to abide by them. I further understand that no funerals will be conducted on Saturday under no circumstance by Shalom Funeral Directors. I will therefore put them in no pressure on that I agree in sub-contracting of the service.

Signed at .....this day of.....20.....

Signature of a witness.....Date.....