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## APPLICATION FORM

<b>PRINCIPAL MEMBER</b>	
Policy Number ..... Monthly Premium R..... Package .....	
Commencement Date.....	
Surname:	Names
Date of Birth: Age:	Identity Number:
Physical Address:	Postal Address:
Cell No: Home No: Work Number:	E-mail address:

<b>POLICY BENEFICIARY</b>	
Surname:	Names
Date of Birth: Age:	Identity Number:
Physical Address:	Postal Address:

DEPENDANTS					
Name and Surname	Identity Number	Relationship	Age Band	Age	Amount
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Terms and Conditions

- 6 Months waiting period applicable
- No Identity Documents for Policy Holder, Beneficiary and Dependents, no policy cover
- Premiums paid on monthly basis, due on the last day of every month
- Policy will lapse after 1 month of non-payment
- Grave fees to paid by the Policy Holder
- Doctors' fees to paid by the Policy Holder
- Distance above 45kms is the responsibility of the Policy Holder (pickup/delivery & funeral transport)
- Oversized or extended coffins is the responsibility of the Policy Holder

Member Declaration & Acceptance

- I understand and accept all the terms and conditions applicable to this policy
- I warrant that all information given in this application form is true and complete
- I agree that my financial status makes it possible for me to pay my monthly premiums due

Client's Name and Surname: \_\_\_\_\_ Signature: \_\_\_\_\_

D&S Tranquility Representative Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Signed at \_\_\_\_\_ on this the \_\_\_\_\_ day of \_\_\_\_\_ 2020