



## FUNERAL SCHEME MEMBERSHIP APPLICATION FORM (PART C)

MAIN MEMBER APPLICATION FORM				
<b>First Name(s):</b>				
<b>Surname:</b>				
<b>ID/Passport No:</b>				
<b>Country of Birth:</b>				
<b>Contact No:</b>				
<b>Address:</b>				
<b>City:</b>		<b>Province:</b>		<b>Code:</b>
DEPENDENT INFORMATION				
<b>Full Name(s):</b>	<b>ID/Passport No:</b>	<b>Relationship to Member:</b>	<b>Gender (M/F):</b>	
AUTHORISATION OF PAYMENT				
My employer is hereby authorised to deduct the amount specified from my salary/wages and to deposit same into SAEWA Cheque Account Number 505 236 435 64, Branch Code 25 05 05, or to forward payment by cheque to PO Box 874, Germiston, 1400.				
<b>Member's Signature:</b>				
BENEFICIARIES				
<b>Full Name(s):</b>		<b>ID/Passport No:</b>		
<b>Relationship:</b>		<b>Contact No:</b>		
SIGNATURE				
I hereby authorise the verification of the information provided on this form as to my credit and employment. I have received a copy of this application form.				
<b>Applicant's Signature:</b>		<b>Date:</b>		
<b>For Office Use Only:</b>				
<b>Official's Name:</b>		<b>Sector:</b>		
<b>Sales Official:</b>		<b>Region:</b>		