



GROUP FUNERAL SCHEME – NOMINATIONS FORM

Date of Joining: _____

Option 1 Option 2 MONTHLY PREMIUM

MEMBERS DETAILS

Initials: Mr: Ms: Mrs: Dr: Miss: Others: _____

Membership No: _____ First Name: _____ Surname: _____

Omang No: _____ Gender: _____ DOB: _____ Retirement Date: _____

Marital Status: Single Married Divorced Windowed

Postal Address: _____

Physical Address: _____

Tel: _____ Cell: _____ Email: _____

Home Village: _____ Ward: _____

Designation: _____ Workplace: _____

Employer: _____ Department: _____ Tel (W): _____

Name of Chief/Headman: _____ District: _____

SPOUSE DETAILS

First Name: _____ Surname: _____

Gender: _____ ID Number: _____ Date of birth: _____

Home Address: _____

Postal Address: _____

Tel: _____ Tel (w): _____ Email Address: _____

CHILDREN DETAILS



First Name	Surname	ID No. /Birth Certificate No.	Relationship	Date of Birth

PARENTS DETAILS

First Name & Surname	ID No. /Birth Certificate No.	Relationship	Date of Birth	Premium	Cover

EXTENDED FAMILY

First Name	Surname	Relationship	Date of Birth	Premium	Cover

WAITING PERIOD

MEMBER AND FAMILY 6months

PARENTS 6months

MEMBERS SIGNATURE: _____ DATE: _____