Khutsane Tombstone Policies - Policy Sign-Up Form

Main Member Information

Full Name: _____

South African ID Number: _____

Date of Birth: _____

Gender: _____

Marital Status: _____

Cell Number: _____

Email Address: _____

Residential Address: _____

Postal Address: _____

Employer: _____

Occupation: _____

Beneficiary Name: _____

Beneficiary Relationship: _____

Beneficiary Cell: _____

Selected Policy Option: _____

Payment Method: _____

Bank Name: _____

Account Holder: _____

Account Number: _____

Branch Code: _____

Debit Order Date: _____

Consultant Name: _____

Consultant Signature: _____

Member Signature: _____

Date: _____

Family Members Covered (Spouse + up to 13 Members)

No.	Relationship	Full Name	ID Number	Date of Birth
1	Spouse			
2	Member 2			
3	Member 3			
4	Member 4			
5	Member 5			
6	Member 6			
7	Member 7			

8	Member 8			
9	Member 9			
10	Member 10			
11	Member 11			
12	Member 12			
13	Member 13			

Required Documents
• Main member ID copy
• Spouse and dependant ID/Birth Certificates
• Proof of Address
• Banking Details (if debit order)
• Proof of first payment (if applicable)