

GROUP BENEVOLENT EXPENSE
COVER FORM



1. MEMBER DETAILS

MEMBER NAME *Mr. /Mrs. / Miss/ Dr.*

DATE OF BIRTH:

MEMBER NO ID NO

MOBILE NO EMAIL

2. BENEVOLENT FUND NOMINEES:

(Only parents of the member, spouse and children)

	NAME	RELATIONSHIP WITH MEMBER	ID NO / BIRTH CERTIFICATE NO
1			
2			
3			
4			
5			
6			
7			

(attach copy of Id or birth certificates)

MEMBER SIGNATURE DATE

WITNESS NAME SIGNATURE