

Funeral Cover Application Form

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Date: Tuesday, December 30th, 2025 | Document No: 72432930

A. POLICY HOLDER DETAILS

Policy No	4312171100048
Name	Josta Hleziphi Ngwenya
Date of Birth	1943-12-17
Gender	Female
Nationality	Liswati
Residential Address	Residential Address Mfabantfu
Cell Number	+268 78550944

B. DEPENDANTS DETAILS

Surname	Name	National ID	Gender	Date of Birth	Relationship
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C. BENEFICIARIES DETAILS

Surname	Name	National ID	Cell Number	Date of Birth	Relationship
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D. FUNERAL PREMIUM DETAILS

Cover Name	Amount	Monthly Premium	Waiting Period
Pensioner 10000	E 10000	E 85	12

Policy: 85

Total Dependents: 0

Total Children: 0

Total Spouses: 0

Additional Benefits

Airtime:

Cow:

Grocery:

D. TERMS & CONDITIONS

Extent of Cover: Cover applies to the member, spouse(s), and up to five children under 21. Children aged 21-25 are covered if they provide proof of full-time study.

Waiting Period: Individual policies have a 6-month waiting period. Group scheme waiting periods will be discussed with Mbabane Burial. Only accidental deaths are covered during this period.

Continuity Option: If the policyholder passes away, the surviving spouse may continue the policy under certain terms & conditions.

Policy Lapse: If unpaid for 3 months, a 3-month waiting period applies after arrears are cleared. If unpaid for 12 consecutive months, the policy will be canceled.

Payment Methods: Payments can be made via Cash, Debit Order, Bank Deposit (Nedbank), MTN Mobile Money

(*007*1*2# - Retail Code: 151353), Government Payroll (CDAS), or Salary Deduction at the bank.
Mbabane Burial Society reserves the right to modify terms and conditions.

E. DECLARATION

I, the undersigned, confirm that the information provided is correct to the best of my knowledge. I acknowledge that the broker and authorized representative are not responsible for inaccuracies in the information provided.

Consultant: Lebogang Patricia Vilakati | **Signature:** _____

Policyholder Signature: _____