

## Funeral Cover Application Form

515 Siteshi Rd Industrial Site | P.O.Box 477 Mbabane  
Tel: +268 2404 2888 / 2404 3011 | Email: info@mbbs.co.sz

Date: Monday, October 13th, 2025 | Document No: 30666158

## A. POLICY HOLDER DETAILS

Policy No	5001011004521
Name	Asiyena Sobi Dlamini
Date of Birth	1950-01-01
Gender	Female
Nationality	Liswati
Residential Address	Residential Address Mbaabane
Cell Number	+268 76495001

## 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 &amp; 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:** Angel Dlamini | **Signature:** \_\_\_\_\_

**Policyholder Signature:** \_\_\_\_\_