



Funeral Cover Application Form

Wednesday, January 29th, 2025  
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515 Siteshi Rd Industrial Site  
P.O.Box 477 Mbabane  
Tel: +268 2404 2888 / 2404 3011  
Email: info@mbbs.co.sz

A. PLICY HOLDER DETAILS

Policy No: 6809101100301

Name: Thandazile Grace      Gender: Female  
Surname: Zwane      Reg. Date: 2020-06-03  
Birth Date: 1945-09-10      Cell No: +268 76824605  
Nationality: LiSwati  
Residential Address: Mbabane

B. DEPENDANTS DETAILS

Surname	Name	National ID	gender	DOB	Relationship
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C. BENEFICIARIES DETAILS

Surname	Name	National ID	Cell	DOB	Relationship
Zwane	Phumlane	9403216110021			Son

D. FUNERAL PREMIUM DETAILS

Cover Name	Amount	Monthly Premium	Waiting Period
LL50000-Single	E 50000	E 153	6

**Policy: 153**

Total Dependents: 0

Total Children: 0

Total Spouses: 0

**Additional Benefits**

Airtime:

Cow:

Grocery:

**E. DECLARATION BY AUTHORIZED REPRESENTATIVE (Office Use Only)**

Consultants: Yves Bizumuremyi

Signature: \_\_\_\_\_

**F. DECLARATION BY POLICY HOLDER**

I, the undersigned confirm that the information supplied on this is to the best of my knowledge true and correct. I further acknowledge that the broker/underwriter and the authorized representative accept no responsibility for the accuracy of the information provided by myself.

Signature: \_\_\_\_\_