



**Additional Members – Extended Family /Associates**

Surname	First Name(s)	Gender	Date of Birth	ID Number	Relationship	Premium

**Beneficiary Details**

Surname	First Name(s)	Gender	Date of Birth	ID No	R/ship	Number

**Principal Premium Schedule Selection (Select by a tick)**

Option 1

Option 2

Option 3

Option 1	Option 2	Option 3
<ul style="list-style-type: none"> <li>• P50 Principal Member</li> <li>• P75 Principal Member + Spouse</li> </ul>	<ul style="list-style-type: none"> <li>• P75 Principal Member</li> <li>• P100 Principal Member + Spouse</li> </ul>	<ul style="list-style-type: none"> <li>• P100 Principal Member</li> <li>• P150 Principal Member + Spouse</li> </ul>

Total Monthly Premiums = BWP \_\_\_\_\_

I authorize Maitlamo SACCOS to deduct monthly premium from BPC payroll every month and I understand that the Sacco may amend my premiums fees and will give me 30 days written notice of these changes.

I irrevocably authorize Maitlamo SACCOS to obtain from any person, whom, I hereby authorize and request to give any information, which they deem necessary, to share information in any related policy or other document, with other insurers or saccos, either directly, or indirectly, at any time.

I hereby apply for Maitlamo Saccos funeral cover packages in accordance with the conditions and exclusions of the packages as set out in this application form and the policy document. I also acknowledge that failure to pay monthly premiums will result in the policy lapsing.

I agree to be bound by the terms and conditions/resolutions that may be passed by Maitlamo SACCOS Annual General Meeting or Special General Meeting of members that may have effect on my funeral policy and subsequent administrative work that may follow as a result of such resolution(s).

I confirm that the information I have given herein is true and correct to the best of my knowledge and that I have read and understood all the contents of this application.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date (DD-MM-YYYY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Attachments: Certified copy of ID of covered people, proof of income, and birth certificates of children under 18.**

We thank you for applying for **Maitlamo Funeral Scheme**. The details of the scheme are provided on the enclosed schedule, which forms part of the contract. Please read the document carefully and if you need assistance call our office on **+267 3959733** or relevant branch offices.

Options	Principal /Spouse	Children (≤10yrs)	Children (10 to 21 yrs.) Student ≤ 25 yrs	Parents/ Siblings (≤ 80 yrs.)	Extended Family/Ass. (≤ 75 yrs.)
1	Coffin P 10 000 Cash P12 000 Cow: P 4 000 Grc: P 1 500 <b>TT: P27,500</b>	Coffin:P7 000 Cash: P9 500 Grc: P1 500 <b>TT: P18,000</b>	Coffin P7 500 Cash P10 000 Grc: P 1 500 <b>TT: P19,000</b>	Coffin P 7 500 Cash P10 000 Grc: P 1 500 <b>TT: P19,000</b>	Coffin P6 500 Cash P8 500 Grc: P1 500 <b>TT: P16,500</b>
2	Coffin P 15 500 Cash: P17 500 Cow: P 4 500 Grc: P 2 000 <b>TT: P39,500</b>	Coffin P9 000 Cash: P11 500 Grc: P2 000 <b>TT: P22,500</b>	Coffin P10 000 Cash P12 500 Grc: P 2 000 <b>TT: P24,500</b>	Coffin P10 000 Cash: P12 500 Grc: P 2 000 <b>TT: P24,500</b>	Coffin P 8 500 Cash: P 10 500 Grc: P 2 000 <b>TT: P21,000</b>
3	Coffin P20 000 Cash: P22 500 Cow: P 5 000 Grc : P 2 500 <b>TT: P50,000</b>	Coffin:P11 000 Cash: P13 500 Grc: P2 500 <b>TT: P27,500</b>	Coffin P12 500 Cash: P15 000 Grc: P 2 500 <b>TT: P30,000</b>	Coffin P12 500 Cash P15 000 Grc: P 2 500 <b>TT: P30,000</b>	Coffin P10 500 Cash: P12 500 Grc: P 2 500 <b>TT: P25,500</b>

	OPTION 1	OPTION 2	OPTION 3
Children ≤ 10 years	P 10. 00	P15. 00	P 20. 00
Children 11 - 21 yrs Student ≤ 25 years	P 15. 00	P 20. 00	P 25. 00
Children ≥ 26 yrs	P 17. 50	P 22. 50	P 27. 50
Parents/Siblings	P 20. 00	P30. 00	P 40. 00
Ext. family /Associates ≤ 45 yrs	P 25.00	P 35. 00	P 45. 00
≥ 46 yrs	P 30. 00	P45. 00	P 60. 00

