



## Baroma Funeral Scheme

### Application Form

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New Application

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Amendments

Scheme Name

#### Personal Details

Cover BWP

Mr./Mrs./Miss/Other

DOB

Full Name

Contact Telephone No.

Omang No.

Contact Cell No.

Postal Address

Email Address

#### Spouse's Details

Cover BWP

Surname

First Name

DOB

Omang No.

#### Children's Details:

Full Name

DOB

Gender

Birth Registration/Identity No.

Cover

#### Parent's & In-laws Details:

Full Name

DOB

Gender

Birth Registration/Identity No.

Cover

#### Extended Family Details:

Full Name

DOB

Gender

Birth Registration/Identity No.

Cover

Total Premium

#### Beneficiary Details:

Full Name

Member's Signature

Date

Relationship

Mobile No.

Received By EB

Date

Work No.

Definitions

The benefits are restricted to one spouse, six children; two parents for single members, four parents for married members and the number of extended family will be as per the Terms and Conditions of the Master Policy.

Definitions:

SPOUSE - A person married to member applicant by Law or Tribal Custom, such proof should be available on request. Entry age is according to the Terms and Conditions of the Master Policy.

CHILD - a MEMBER'S unmarried CHILD who has not attained age 21 Cover shall however be extended to a CHILD who is a full-time student and who has not attained age 25. No age limit will apply to a CHILD who is incapacitated from maintaining himself by mental or physical infirmity, provided such CHILD is wholly dependent on the MEMBER for support and maintenance.

EXTENDED FAMILY - Must be a relative of the main member. Entry age is according to the Terms and Conditions of the Master Policy.

PARENTS - Only a specified number of parents, agreed at inception and as per the Conditions set out in the Master policy may be nominated. Only biological parents of the member applicant and or of the spouse to the member applicant may be nominated unless otherwise agreed.

WAITING PERIOD - This is as set out in the Terms and Conditions of the Master Policy.

No nominated person may be replaced in the event of a claim. New nominations, however, for children and spouse may be made in writing with supporting information at any time.

Claims must be notified to Kgare Insurance Brokers within 3 Months from date of death in order for the claim to be valid.

Notes:

The following supporting documents must be submitted at Claim Stage:

Death of Member	Original or certified copy of death certificate	<input type="checkbox"/>
	Original or certified copy of marriage certificate, where widow(er) benefits are payable	<input type="checkbox"/>
	Original or certified copy of birth certificate(s) of children where children's benefits are payable	<input type="checkbox"/>
Death of Spouse	Original or certified copy of death certificate	<input type="checkbox"/>
	Original or certified copy of marriage certificate	<input type="checkbox"/>
Death of Child	Original or certified copy of death certificate	<input type="checkbox"/>
Death of Parent	Original or certified copy of death certificate	<input type="checkbox"/>
	Other Dependents or Nominees Original or certified copy of death certificate	<input type="checkbox"/>
<b>KYC Process</b>		
	Metropolitan KYC Form	<input type="checkbox"/>
	Identification document with 3 months validity	<input type="checkbox"/>
	e.g. certified ID/Passport & residence permit (for foreign nationals)	
	Source of funds/proof of income in the form of pay slip or bank statement	<input type="checkbox"/>
	Proof of residence:	<input type="checkbox"/>
	Utility bill not older than 3 months, lease agreement or a letter from employer	