



Policy No:

**Funeral Plans**

Basic Plan	Tombstone Plus	Two G Star Plan	Three G Star Plan	Five G Star Plan	Catering Plan	Admin and Legal Plan
			x	Total Premium Plan	R.....	

**Policy Holder's Detail:**

Title: Ms. Initials <input type="text"/>	
Date of Birth: <input type="text"/>	
<input type="text"/>	
Surname	Name/s:
I.D. number Passport number	Nationality South African
Residential Address	.....
Postal Address	.....
Contact number	.....
Email address:	.....

**Spouse details:**

Date of Birth: <input type="text"/>	
<input type="text"/>	
Surname	Name/s:
I.D. number Passport number	Nationality
Residential Address	.....
Postal Address	.....
Contact number	.....
Email address:	.....

**Next of Kin Details:**

Title: Initials <input type="text"/>	
Date of Birth: <input type="text"/>	
<input type="text"/>	
Surname	Name/s:
I.D. number Passport number	Nationality
Residential Address	.....
Postal Address	.....
Contact number	.....
Email address:	.....

**Dependents/Extended Family Members' Details:**

1.	Surname	Name/s	Relationship	Residence	Date of Birth	I.D. Number or Passport Number
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

**Banking details**

**Stop Order details:**

<b>Bank Society</b>		<b>Brand name:</b>	
<b>Branch Code</b>		<b>Account no:</b>	
<b>Account Type</b>		<b>Amount</b>	
<b>Preferred dates of direct order</b>			

**LUTHANDO UNDERTAKERS (PTY) LTD Bank details:**

**Bank Society** : FNB  
**Bank Account Name:** : LUTHANDO UNDERTAKERS (PTY) LTD

<b>Account Type</b>	BUSINESS ACCOUNT	<b>Account Number</b>	62888710095
<b>Branch Code</b>	203809	<b>Branch Name</b>	TABLE VIEW -923
<b>Swift Code</b>	FIRZAJJ		

**Luthando Undertakers Contact details:**

**Email:** [Enquiries@Luthandoundertakers.co.za](mailto:Enquiries@Luthandoundertakers.co.za)  
**Tel:** 047 050 4774  
**Cell/mobile number:** 0726112290 or  
**Cell/mobile number:** +447404456382 (UK- International Number)

**Principal Policy beneficiary details:**

<b>Title: Initials</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Date of Birth:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Surname</b>	<input type="text"/>			<b>Name/s:</b>
<b>I.D. number</b>	<input type="text"/>			<b>Nationality</b>
<b>Passport number</b>	<input type="text"/>			<input type="text"/>
<b>Residential Address</b>	<input type="text"/>			
<b>Postal Address</b>	<input type="text"/>			
<b>Contact number</b>	<input type="text"/>			
<b>Email address:</b>	<input type="text"/>			

Any extra service would you like us to refer you for?

Y/N

If so, please select all that apply.

<b>Extra support Services</b>	<b>Yes</b>	<b>No</b>
Single will	<input type="checkbox"/>	<input type="checkbox"/>
Mirror wills (couples)	<input type="checkbox"/>	<input type="checkbox"/>
Property protection trust wills	<input type="checkbox"/>	<input type="checkbox"/>
Powers of attorney	<input type="checkbox"/>	<input type="checkbox"/>

Policy Holder's Name:.....Signature:.....Date:.....

Sales Rep's Name: Luthando Ndayi.....Signature:.....Date:.....