

# CANCELLATION OF FAMILY FUNERAL COVER

## MEMBER DETAILS

Surname and initials:	Pay number:
Identity number:	Email:
Cell phone number:	Office number:

**Hereby request that the Family Funeral Cover that is currently deducted from my monthly salary be cancelled.**

### INDEMNITY:

The above is my final choice and I hereby certify that I have received sufficient information to make this decision. I take full responsibility for my decision and hereby also indemnify the Scheme from any claim as a result of this decision.

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

\_\_\_\_\_  
**MEMBER: SIGNATURE**