



ESASCCO GROUP FUNERAL SCHEME – KYC FORM

Office G11C, Dlanubeka Building
Mbabane

P.O. Box A175, Swazi Plaza

Tel: (+268) 2404 0278/Fax: (+268) 2404 2971

Saphumula Building
Mbabane

P.O Box A 278 Swazi Plaza

Tel: (+268) 2404 7447

1. MEMBER'S DETAILS – E20,000 Benefit

Name(s) and Surname	
ID Number & Date Of Birth	
Contact Numbers	
Email Address	
Employer Name	
Employer Contact Numbers	

2. MEMBER'S SPOUSE(S) – E20,000 Benefit

Name(s) and Surname	
ID Number & Date Of Birth	

(50% of the premium for each additional spouse)

Name(s) and Surname	
ID Number & Date Of Birth	

3. MEMBER'S CHILDREN – Age 14 to 21=E20,000 ; 6 to 13 =E10,000 ; 0 to 5 = E6,000

Name & Surname	Date of Birth	ID Number
1.		
2.		
3.		
4.		
5.		
6.		
(10% of the premium for each additional child)		
7.		
8.		

4. MEMBER'S PARENT(S) (E33 monthly premium per parent) E10,000 Benefit

Parent	Name & Surname	Date of Birth	ID Number
Mother			
Father			
Mother-In-Law			
Father-In-Law			

5. EXTENDED FAMILY MEMBERS(S) (E10 monthly premium per member) E10,000 Benefit

Name & Surname	Date of Birth	ID Number
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

6. NOMINATED CLAIMANT

Name(s) & Surname	Relationship	Date of Birth	ID Number
Contact Details			
Email Address			
Postal Address			

7. DECLARATION

This KYC document must be submitted to your SACCO not later than the 30th of September 2021 to have your policy upgraded to the ESASCCO Group Funeral Scheme with E20,000 Basic Cover Benefit.

Signature of the Life Assured		Date:
Representative at SACCO		Date:
Insurance Officer at ESASCCO		Date:
ESRIC Officer:		Date: