CLIENT SERVICES UNIT
ADDITION/REMOVAL OF MEMBER

Family Care Funeral Trust
Today's Wisdom, Tomorrow's Peace of Mind

Membership Number

Date:

Member's Name

Telephone Number

Email Address

ADDITION   **REMOVAL**

Title

Surname

Middle Name

First Name

Date of Birth

ID Type   Voter ID   Driver's License   Passport   National ID   NHIS

ID Number   Package

Relationship

ADDITION   **REMOVAL**

Title

Surname

Middle Name   Middle Name

Date of Birth

ID Type   Voter ID   Driver's License   Passport   National ID   NHIS

ID Number   Package

Relationship

Is this member(s) to be added in good health?   Yes   No   If yes, please sign

If NO, please provide details of illness below:

Name	Illness	Duration of Illness	Health Care Provider

Reason for Addition/Removal

Signature of Client   Date