



THEN INDIA SANMARGA IKYA SANGAM

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FUNERAL ASSISTANCE FORM

FIRST NAME

MIDDLE NAME

SURNAME

DATE OF BIRTH:

DATE OF DEATH:

FATHER'S NAME:

MOTHER'S NAME:

DISTRICT:

BRANCH:

LIFE MEMBERSHIP:

ORD MEMBERSHIP:

DATE OF MEMBERSHIP

AGE:

YEARS OF SERVICE:

ADDRESS:

CONTRIBUTION TOWARDS SANGAM

DISTRICT ENDORSEMENT

NAME:

SIGNATURE:

DATE:

HEAD OFFICE ENDORSEMENT

NAME:

SIGNATURE:

DATE:

BENEFICIARY DETAILS

NAME :

SIGNATURE:

ID :

RELATIONSHIP :

DECLARATION

THIS INFORMATION IS, TO THE BEST OF MY KNOWLEDGE, IS ACCURATE AND COMPLETE.

APPROVED BY SANGAM FIJI FOUNDATION

REQUIREMENTS:

- * DEATH NOTIFICATION FROM HOSPITAL OR DEATH CERTIFICATE
- * BENEFICIARIES VALID PHOTO ID