



**MALAWI POLICE SAVINGS AND CREDIT COOPERATIVE
SOCIETY LIMITED**
National Police Headquarters, Private Bag 305 Capital City Lilongwe 3
Cell: 0992308090, 09937388858, www.malawipolicesacco.com

MTHANDIZI FUNERAL COVER REGISTRATION FORM

PART 1 – MEMBER INFORMATION

FIRST NAME..... MIDDLE NAME..... SURNAME.....
 EMPLOYMENT NO.....SERVICE NO.....NATIONAL ID NO.DATE OF BIRTH dd / mm / yyyy
 MARITAL STATUS: (Tick one) SINGLE MARRIED DIVORCED WIDOW WIDOWER
 INITIAL REGISTRATION. UPDATE AMMEND

PART 2 – CONTACT INFORMATION

CURRENT ADDRESS.....
 EMPLOYER’S ADDRESS.....
 HOME VILLAGE..... T/A.....DISTRICT.....
 PHONE NUMBER (S)...../
 EMAIL ADDRESS (Optional).....

PART 3 – FUNERAL COVER BENEFICIARIES (Registered spouse and 4 children below 18 years of age)

	FULL NAMES	GENDER	DATE OF BIRTH	NATIONAL ID NO.	HOME/WORK ADDRESS OF SPOUSE	PHONE NO.
SPOUSE			dd/ mm /yyyy			
CHILD 1			dd/ mm /yyyy			
CHILD 2			dd/ mm /yyyy			
CHILD 3			dd/ mm /yyyy			
CHILD 4			dd/ mm /yyyy			

DECLARATION

I..... declare that the information given on this form is true and correct to the best of my knowledge.

Member Signature..... Spouse Signature..... Date.....

OFFICIAL USE ONLY

Captured by:..... Checked by:..... Date

Data Verified by:..... Approved by:..... Date

Official Date Stamp