**Funeral Scheme Membership Application Form**

All sections of this form must be completed. Failure to do so may result in your funeral scheme application being refused or delayed.

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| **Forenames:** |  | **Surname:** |  | |
|  |  |  |  |  |
| **Address:** |  | **Home Tel:** |  | |
|  |  |  |  |  |
|  |  | **Mobile:** |  | |
|  |  |  |  |  |
| **Postcode:** |  | **Email:** |  | |
|  |  |  |  | |
| **Date of birth** |  | **Nationality:** |  | |
|  |  |  |  | |
| If non-British national, please disclose your entitlement to remain in the United Kingdom: | | | | |
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**Scheme Benefits:**

No cash payment will be disbursed to beneficiaries. In the event of a claim, funeral scheme members will be offered services in kind such as collection of bodies, washing & shrouding, standard casket, cold-room storage, transporting to graveyard or airport in return for a £50 annual fee and one-off £150 joining fee for new applicants, as of 19th January 2022. Graves, gravestones, flowers or any other additional cost is not included in the scheme benefits.

**Important Information:**

Applicant must be a member of Idaara Maarif-e-Islam. The Executive Committee reserves the right to refuse membership. New members will only be entitled to benefits after a six-month qualifying period. Only scheme members and dependants (i.e. wife and children under the age of 18) are covered. Membership should be renewed every year along with the Idaara membership. Membership will automatically cease if Idaara membership is cancelled or lapses. New application will be required if continuous membership has lapsed. All applicants will be notified and fees refunded where application is unsuccessful.

Anyone diagnosed critically ill prior to membership will not be covered by the scheme. If a beneficiary is diagnosed with a critical illness, it is the responsibility of the scheme member to notify the Idaara of the medical condition otherwise the membership may become void if you do not declare.

By signing below you agree to the full Terms & Conditions applicable to this scheme.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  | ***For Official Use:*** |
|  |  |  |  |
| Signature: |  |  |  |
|  |  |  |  |
| Date: |  |  |  |