Funeral Plan Agreement

CUSTOMER DETAILS

Plan Holder

DNI / NIE / Passport

Date of Birth

Nationality

Address

Phone

Email

NEXT OF KIN DETAILS

Next of Kin /
Representative

Relationship

Contact

PLAN DETAILS

Plan Name: Direct Cremation Gold Platinum Repatriation

Plan Reference Number: Start Date:

PAYMENT TERMS

☐ Paid in Full Total Cost: Date Paid: Payment Method:

☐ Instalment Plan Total Cost: Deposit: Balance:

Instalment Amount: €_____ every month on the day of each month

No. of Instalments: _____

DECLARATIONS

I confirm that the above information is accurate and that I have received and accepted the full terms and conditions associated with this funeral plan.

SIGNATURES