



FUNERAL ASSISTANCE APPLICATION

PLEASE USE BLOCK LETTERS

FUNERAL ASSISTANCE

1.	Membership No:
2.	Surname:
	First Name:
	Initials:
3.	Date of Birth:
4.	Current Address:
	No & Street
	Suburb:
	Post Code:
5.	
	Phone:
	Mobile:
	Fax:
	Email:

6. Your Declaration

I, _____ of an above address and current member of Sri Lankan
(Full Name)
 German Technical Training Institute Old Boys Association, would like to claim funeral assistance for my
 _____ Mr./Mrs. _____ who expired on ____/____/____ in
(Relationship) (Name written in membership application) (Date)

(Country)

Also, I know that I must provide certified copies of relevant documents certified as proof within three calendar months from day of applied (not originals). If I fail to do, I undertake any disciplinary actions against me taken by above Association according to the constitution.

I declare the information supplied on or with this form and any attachment is complete now or after, true and up to date in ever detail.

I authorize the Sri Lankan German Technical Training Institute Old Boys Association to make any inquiries necessary to determine my eligibility for funeral assistance and use any information supplied in this application for that purpose.

I declare that I have read and understood the information supplied to me.

Signature of Applicant _____ **Date:** ____/____/____

