

Application Form for fixed-price cremation plans



YOUR DETAILS

Please complete this form clearly in black ink and in BLOCK CAPITALS.

Your details (person to be covered by the plan)

Title	<input type="text"/>	Surname	<input type="text"/>
First name(s)	<input type="text"/>	Date of birth	<input type="text"/>
Address	<input type="text"/>		
Address	<input type="text"/>		
Postcode	<input type="text"/>	Tel. no	<input type="text"/>

Joint plan (if applicable)

Title	<input type="text"/>	Surname	<input type="text"/>
First name(s)	<input type="text"/>	Date of birth	<input type="text"/>
Address	<input type="text"/>		
Postcode	<input type="text"/>	Tel. no	<input type="text"/>

I/We wish this plan to pay out on: First death Second death

Planholder or purchaser's details (if different to above)

Title	<input type="text"/>	Surname	<input type="text"/>
First name(s)	<input type="text"/>	Date of birth	<input type="text"/>
Address	<input type="text"/>		
Address	<input type="text"/>		
Postcode	<input type="text"/>	Tel. no	<input type="text"/>

Next of kin, executor or personal representative's details (if known)

Title	<input type="text"/>	Surname	<input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>		
Address	<input type="text"/>		
Postcode	<input type="text"/>	Tel. no	<input type="text"/>

Correspondence instruction

Please send correspondence to:

The person covered by the plan The planholder or purchaser Other (please specify below)

YOUR FUNERAL PLAN (please tick the selected plan)

The Essential Plan £2,796.00 The Classic Plan £3,011.00 The Premier Plan £3,266.00

I enclose a cheque (payable to Perfect Choice) for the relevant amount shown above.

The plan prices above include a management fee of £160.00 and a contribution of £1,061.00 towards third party costs such as the fees for cremation, medical fees for Cremation Certificates and payment to a minister or officiant. Please refer to the Perfect Choice Funeral Plans Terms and Conditions for full details.

The above prices are valid until 31 March 2018.

DECLARATION

To be completed by the client(s)

Please read the Perfect Choice Funeral Plans Terms and Conditions and let us know if you have any queries. Please sign below to confirm you have read, understood and accept the Perfect Choice Funeral Plans Terms and Conditions and that the details on this Application Form are correct.

Signed Date

Signed (for joint plans only) Date

Data Protection Act 1998 – Ecclesiastical Planning Services Limited (as the data controller) will always act responsibly with your personal data. Please refer to our privacy policy for details, available at www.perfectchoicefunerals.com. We will use your personal information to process the plan and will forward your details to the whole of life assurance policy provider to which your plan is linked. Your selected funeral director will also keep details of your application to carry out the plan when the time comes.

WHAT TO DO NEXT

Please return your completed form and cheque (made payable to Perfect Choice) to
B. Gibbs Funeral Services Ltd, The Manse, 28 Fore Street, Chard, Somerset TA20 1PT.

If you would prefer a burial rather than a cremation, or wish to discuss an instalment payment plan or a personal plan tailored to your requirements, please call us on **01460 66100**.

To be completed by the funeral director

NAFD membership number: 2999

Firm name: B. Gibbs Funeral Services Ltd Tel. no: 01460 66100

Firm address: The Manse, 28 Fore Street, Chard, Somerset TA20 1PT.

I confirm acceptance of the details within this application and undertake to fulfil all services under this plan in accordance with the Perfect Choice Funeral Plans Terms and Conditions and the NAFD Code of Practice. I confirm that to the best of my knowledge all information supplied is correct.

Signed Date

Contact name