



## Bereavement Nominee Form

Member's Full Name: \_\_\_\_\_

Member ID: \_\_\_\_\_

IC/ Passport Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Mobile Number: \_\_\_\_\_ House Number: \_\_\_\_\_

Email: \_\_\_\_\_

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Nominee's Name: \_\_\_\_\_

IC/ Passport Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

(Example: Wife, Son, Daughter etc.)

Address: \_\_\_\_\_

\_\_\_\_\_

Mobile Number: \_\_\_\_\_ House Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Terms and Conditions:

- 1) You must become a Tronexus member. (Basic T.A.S.K/ Standard T.A.S.K/ Premium T.A.S.K)
- 2) You must accumulate at least 30 points (Basic T.A.S.K), 90 points (Standard T.A.S.K) or 100 points (Premium T.A.S.K)
- 3) Complete and submit this form to Tronexus via email [cs@tronexus.com](mailto:cs@tronexus.com).

By signing this form, I hereby declare that I agree to be bound by the terms and conditions of the services as stipulated in [www.tronexus.com](http://www.tronexus.com). I confirm that the information that I provided about my self is true and accurate and permit Tronexus to verify this with any third party.

\_\_\_\_\_  
Signature

Name:

Date: