



Funeral Cover Application Form

COMPLETE APPLICATION FORM (ENSURE ALL INFORMATION IS CORRECT)

1. Cover details (Please select your cover option)

Waiting period: on all options is 6 months. 12 months for suicide and no waiting period on accidental death provided first premium is received. Waiting period waive possible if transferring from another insurer

Plan Options	Option 1		Option 2		Option 3		Option 4	
Cover amount	R10 000		R15 000		R20 000		R30 000	
Premium:								

2. Main member details

Title		Initials		Surname						
First names						Gender	Male		Female	
Identity number										
Residential address							Postal Code			
Postal address							Postal Code			
Telephone home		Cell		Email						
Communication method(Tick)	Tel		Cell		Email			Post		

3. Spouse details

Title		Initials		Surname						
First names						Gender	Male		Female	
Identity number										
Telephone home		Cell		Email						

4. Children details

Surname	Full names	Date of birth/ID number	Relationship to main member

5. Extended Family

Extended family member details (Members limited to a maximum of Four between ages 0 - 64 years – Age refers to age next birthday)

Surname	Full names	Identity number/date of birth	Relationship to main member	Cover amount
1.				
2.				
3.				
4.				

Extended family member details (Members limited to a maximum of Four between ages 65 - 84 years Age refers to age next birthday)

1.				
2.				
3.				
4.				

Beneficiary details

Title	Initials	Surname	Full names	Identity number	Relationship to main member
Cell number			Email		

Total premium amount due

Debit order mandate

Written Authority and Mandate for Debit Payment Instructions

A. Authority

Given by (name of the Account holder)

Residential address										
Bank name										
Branch Name				Branch Code						
Account number										
Type of account	Cheque		Savings		Transmission					
Amount										
Date of debit	1st		15th		20th		25th		Last Day	

B. Mandate

I acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me personally.

C. Cancellation

I agree that although this Authority and Mandate may be canceled by me, such cancellation will not cancel the Agreement. I shall not be entitled to any refund of amounts that you have withdrawn while this Authority was in force if such amounts were legally owing to you.

D. Assignment

I acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of _____.

(Signature as used for operating on the account)

If Assisted (Assisted By)

Signature of Account holder: _____

Date signed: _____

Signature of Main member: _____

Date signed: _____

E. Agreement Reference number

This Agreement reference number is your policy number once issued.

We are in agreement.

1. I confirm that I have read and do understand the information held within this application form. I understand the options available and made my decision.

1.1. I understand and confirm that all information given to me in this application form, whether my handwriting or not, is true and correct.

Signature of client _____ Date signed _____