



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.

*(Tick the preferred options)

| | | | | | | | | |
|---------------------------|-------------|-----------------|-------------------|---------|---------|---------|---------|---------|
| Product type | Member only | Member + Spouse | Member + Children | Family | | | | |
| Cover amounts | R5000 | R10 000 | R15 000 | R20 000 | R30 000 | R40 000 | R50 000 | R60 000 |
| Product type (Grouped/M+) | Member +5 | Member +9 | Member +13 | | | | | |
| Cover amounts | R5000 | R7500 | R10 000 | R15 000 | R20 000 | R25 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 74 years old)**

| Surname | Full names | Identity number/date of birth | Relationship to main member | Cover amount |
|---------|------------|-------------------------------|-----------------------------|--------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | |
| 12. | | | | |
| 13. | | | | |

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 | | Abbreviated Shortname to be used: HOUSEOFADM |

I/We hereby authorize Netcash (Pty) Ltd to issue and deliver payment instructions to your banker for collection against my/our above mentioned account at my/our above mentioned bank on condition that the sum of such payment instructions will not differ from my/our obligations as agreed to in the Contract Reference Number.

The individual payment instructions so authorized must be issued and delivered on the date when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not differ as agreed to in terms of the Agreement.

The payment instructions so authored to be issued must carry the Contract Reference Number, included in the said payment instructions, and must be provided to identify the specific contract. The said Contract Reference Number should be added to this form in section E before the issuing of any payment instruction and communicated directly after having been completed.

I /we agree that the first payment instruction will be issued and delivered on date above continuously.

If however, the date of the payment instruction falls on a non-processing day (weekend or public holiday) I agree that the payment instruction may be debited against my account on the following business day; or

Subsequent payment instructions will continue to be delivered in terms of this authority until the obligations in terms of the Agreement have been paid or until this authority is cancelled by me/us by giving you notice in writing of not less than the interval (as indicated in the previous clause) and sent by prepaid registered post or delivered to your address indicated above.

B. Mandate

I/we acknowledge that all payment instructions issued by you will be treated by my/our above mentioned bank as if the instructions had been issued by me/ us personally.

C. Cancellation

I/we agree that although this authority and mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/we also understand that I/we cannot reclaim amounts, which have been withdrawn from my/our account (paid) in terms of this authority and mandate if such amounts were legally owing to you.

D. Assignment

I/We 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.

Signed at _____ on this _____ day of _____.

(Signature as used for operating on the account)

If Assisted (Assisted By)

E. Agreement Reference number

This Agreement reference number is your policy number once issued.