



APPLICATION FORM

Principal Member Details

Principal Member Name & Surname: _____

Identity Number: _____

Telephone Number: _____ Cellphone Number: _____

Address _____

DEPENDANTS

I hereby apply to add the following dependants on my policy:

Surname	Full Names	Identity Number	Gender

with effect from (month) _____ 20____

PACKAGE PLAN**1. STANDARD PLAN FOR UP TO 7 PEOPLE**☐**R100 PM**
UP TO R10 000.00☐**R180 PM**
UP TO R20 000.00**2. EXTENDED CARE PLUS PLAN FOR UP TO 15 PEOPLE**☐**R250 PM**
UP TO R10 000.00☐**R420 PM**
UP TO R20 000.00**METHOD OF PAYMENT**

Cash payment	
EFT / Bank deposit	

BANKING DETAILS:

BANK NAME: STANDARD BANK
ACCOUNT HOLDER: MATURUKA FUNERAL GROUP (PTY) LTD
BANK ACCOUNT: 311273297
ACCOUNT TYPE: BUSSINESS CURRENT ACCOUNT
BRANCH CODE: 053249
REFERENCE: YOUR ID NUMBER

Beneficiary Details

FULL NAMES	SURNAME	ID NUMBER	CONTACT DETAILS

Declaration

I declare to the best of my knowledge and belief that the particulars given above are true and correct. I understand and agree that any wilful misrepresentation in this application will invalidate any benefit under this Policy. I undertake to abide by the terms and conditions of the Policy.

Principal Member's Signature_____
Date

TERMS AND CONDITIONS

1. Cover for Accidental death starts immediately provided that the policy has commenced i.e., the first Premium is received by MFG.
2. 6 (six) months waiting period shall apply from the Benefit Start Date, in respect of a death due to natural causes.
3. 12 (twelve) months waiting period shall apply from the Benefit Start Date in respect of a death due to suicide.
4. The waiting period is applicable per Assured Life and will commence when cover for that Assured Life commences.
5. All premiums must be paid before the 7th of each month.
6. To enable MFG Life to process a claim, the following documents must be submitted:
 - 6.1 Completed claim form
 - 6.2 MFG Life's Death Notification Form;
 - 6.3 Certified Copy of ID of the deceased;
 - 6.4 Certified Copy of ID of the Claimant;
 - 6.5 Certified Copy of the death certificate issued by the Department of Home Affairs;
 - 6.6 Original or certified copy of all four (4) pages of the DHA1663 (Notification of death);
 - 6.7 Proof of bank account of the claimant (stamped by the bank); and
 - 6.8 A police report must be completed and submitted in the event of unnatural deaths