**HEAD OFFICE: SEBOKENG OFFICE:**

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126 Bram Fischer Drive, Ferndale, 2194 1108 Ext 2, Zone 6

PO Box 2103, Pinegowrie, 2123 Sebokeng, Vaal Triangle, 1983

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Letterhead Line*An Authorised Financial Services Provider: License Number – 31213*

**Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SAFRICAN GROUP FUNERAL SCHEME - PLAN OPTIONS**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **R 10,000 COVER (No Waiting Period for Accidental Death)** | | | | | | |  | **R 10,000** | |
|  | **FULL FAMILY MEMBER + SPOUSE + CHILDREN** | | **MEMBER + SPOUSE or MEMBER + CHILDREN** | | **MEMBER ONLY** | |  | **EXTENDED FAMILY PER MEMBER** | |
| **Age Group** | **Monthly Premium** | **** | **Monthly Premium** | **** | **Monthly Premium** | **** |  | **Monthly Premium** | **** |
| **18 - 64** | R 60.00 | **** | R 58.00 | **** | R 56.00 | **** |  | R 46.00 | **** |
| **65 - 74** | R 117.00 | **** | R 112.00 | **** | R 107.00 | **** |  | R 102.00 | **** |
| **75 - 84** | R 148.00 | **** | R 142.00 | **** | R 136.00 | **** |  | R 141.00 | **** |
| **85 - 94** | R 189.00 | **** | R 181.00 | **** | R 172.00 | **** |  | R 185.00 | **** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **R 20,000 COVER - (No Waiting Period for Accidental Death)** | | | | | | |  | **Max R 15,000 Cover** | |
|  | **FULL FAMILY MEMBER + SPOUSE + CHILDREN** | | **MEMBER + SPOUSE or MEMBER + CHILDREN** | | **MEMBER ONLY** | |  | **EXTENDED FAMILY**  **PER MEMBER** | |
| **Age Group** | **Monthly Premium** | **** | **Monthly Premium** | **** | **Monthly Premium** | **** |  | **Monthly Premium** | **** |
| **18 - 64** | R 91.00 | **** | R 87.00 | **** | R 84.00 | **** |  | R 64.00 | **** |
| **65 - 74** | R 195.00 | **** | R 186.00 | **** | R 178.00 | **** |  | R 148.00 | **** |
| **75 - 84** | N/A |  | N/A |  | N/A |  |  | R 206.00 | **** |
| **85 - 94** | N/A |  | N/A |  | N/A |  |  | R 271.00 | **** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **WIDER CHILDREN**  **Below 19 & Max 4 Children - Bana Ba Thlokomelong Ya Hao** | | | |  | **PAYOUT AMOUNTS** | | |
| **Age Group** | **Benefit Amount** | **Premium**  **Per Child** | **** |  | **Age Group** | **R 10,000 COVER** | **R 20,000 COVER** |
| **14 - 18** | R 5 000 | Additional  **R 8.20**  Per Child  Per Month | **** |  | **Spouse (Max 2)** | R 10,000 | R 20,000 |
| **6 - 13** | R 2 000 | **** |  | **Child 14 – 21** | R 10,000 | R 10,000 |
| **0 - 5** | R 1 250 | **** |  | **Child 6 – 13** | R 5,000 | R 5,000 |
| **Stillborn** | R 1 250 | **** |  | **Child 1 – 5** | R 3,000 | R 3,000 |
|  | | | |  | **Child 0 – 11Months** | R 1,250 | R 1,250 |
|  |  |  |  |  | **Stillborn (Max 2)** | R 1,250 | R 1,250 |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OPTIONAL BENEFITS – Not available as standalone cover**  **(Menyetla E Meng O Kaefumanang)** | | | | | |  | **INKOMO / BEEF** | | | | |
| **Cover** | **Benefit Amount** | **Premium**  **(18 - 74 Years)** | **** | **Premium**  **(75 - 94 Years)** | **** |  | **For Members**  **Below 65** | **Live Cow** | **** | **Meat** | **** |
| **Tombstone Cost / Memorial**  **(Member & Spouse Only)** | R 10 000 | R 20 | **** | R 38 | **** |  | **Benefit Amount** | R 10 000 | **** | R 7 000 | **** |
| **Groceries -** (R 1,000 p/m)  **(Main Member only)** | R 12 000 | R 17 | **** | R 32 | **** |  | **Full Family** | R 34 | **** | R 48 | **** |
| **Additional**  **Accidental Death Cover** | R 10 000 | R 4 | **** | N/A | **** |  | **Member & Spouse Only** | R 32 | **** | R 42 | **** |
| **Additional**  **Accidental Death Cover** | R 20 000 | R 8 | **** | N/A | **** |  | **Member & Children Only** | R 32 | **** | R 42 | **** |
|  | **Member Only** | R 30 | **** | R 34 | **** |
|  | **Extended** | R 37 | **** | R 47 | **** |

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Letterhead Line*An Authorised Financial Services Provider: License Number – 31213*

**SAFRICAN FUNERAL GROUP SCHEME - APPLICATION FOR MEMBERSHIP**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FOR OFFICE USE ONLY** | | | | | | | | | | |
| **GROUP NAME** | | | | |  | | | | | |
| **NAME OF SALESPERSON** | | | | |  | | **POLICY NO.:** | |  | |
|  | | | | | | | | | | |
| **MAIN MEMBER SURNAME:** | | | | | **IDENTITY NUMBER:** | | **DATE OF BIRTH** | **AGE** | **GENDER** | **TITLE** |
|  | | | | |  | |  |  |  |  |
| **FULL NAMES OF MAIN MEMBER:** | | | | | | | **CELLPHONE NUMBER** | | **NETWORK** | |
|  | | | | | | |  | |  | |
| **E-MAIL ADDRESS:** | | | |  | | | | | | |
| **ADDRESS:** | | | | | | | | | **POSTAL CODE:** | |
|  | | | | | | | | |  | |
| **COVER AMOUNT** | | | | | **ENTRY DATE** | **WAITING PERIOD** | | | **WAITING PERIOD END** | |
| **R 10,000** | **** | **R 20,000** | **** | |  |  | | |  | |

**SPOUSE AND CHILDREN UP TO 21 YEARS OLD: (No limit on number of own children)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FULL NAMES** | **ID NUMBER** | **DATE OF BIRTH** | **GENDER** | **AGE** | **RELATION-SHIP** |
|  |  |  |  |  | Spouse ***(Max 2)*** |
|  |  |  |  |  | Child |
|  |  |  |  |  | Child |
|  |  |  |  |  | Child |
| **MAIN MEMBER AND DEPENDANTS PREMIUM:** | | | | | **R** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SURNAME AND FULL NAMES** | **ID NUMBER** | **DATE OF BIRTH** | **GEN-DER** | **AGE** | **RELATION- SHIP** | **COVER AMOUNT** | **PREMIUM RATE** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **EXTENDED FAMILY PREMIUM** | | | | | | | **R** |

**EXTENDED FAMILY (INCLUDING OWN CHILDREN OLDER THAN 21): *(UP TO 10)***

***\*\* NB: EXTENDED RELATION CANNOT BE COVERED FOR MORE THAN THE MAIN MEMBER’S COVER***

**WIDER CHILDREN: *(Maximum 4) – Must be 18 years or younger***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SURNAME AND FULL NAMES** | **ID NUMBER** | **DATE OF BIRTH** | **GEN DER** | **AGE** | **RELATION-SHIP** | **COVER AMOUNT** | **PREMIUM RATE** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **WIDER CHILDREN PREMIUM** | | | | | | | **R** |

*Should you need to add more members on any category please use an additional page.*

**OPTIONAL BENEFITS**

|  |  |  |
| --- | --- | --- |
| **COVER** | **COVER AMOUNT** | **PREMIUM** |
| **ADDITIONAL ACCIDENTAL DEATH COVER** |  |  |
| **MEMORIAL / TOMBSTONE COST** | R 10 000 |  |
| **GROCERIES** | R 12 000 (R1000 per month) |  |
| **INKOMO** | R 10 000 |  |
| **BEEF** | R 7 000 |  |
| **ADDITIONAL BENEFITS PREMIUM** | | **R** |

**TOTAL PREMIUM SUMMARY**

|  |  |
| --- | --- |
| **POLICY PREMIUM** |  |
| **EXTENDED FAMILY PREMIUM** |  |
| **WIDER CHILDREN PREMIUM** |  |
| **OPTIONAL BENEFITS PREMIUM** |  |
| **TOTAL MONTHLY PREMIUM** | **R** |

**PAYMENT OPTIONS**

* Debit Order **❑** Stop Order **❑** Bank Deposit **❑**

**DEBIT ORDER AUTHORITY:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Account Holder** |  | **Account Type:** | Cheque **❑** Savings **❑** | | | | | |
| **Name of Bank:** |  | **Account Number:** |  | | | | | |
| **Branch Code:** |  | **Debit date:** | 1 | 7 | 15 | 25 | 28 | 31 |
| **Commencement Date:** |  | **Bank Statement Reference:** |  | | | | | |

I hereby authorise Safrican to commence a debit order withdrawal from my account on the **above selected** day of the month, and monthly thereafter for the premium applicable for the cover selected. I understand that the debit order will be run on the date selected. If for any reason it is not honoured, two withdrawal runs will be done the next month. In the event of this second run being dishonoured, the policy will lapse. I understand it is required that this signed document reaches Safrican offices 10 working days prior to the selected deduction date, if not, the deduction will only qualify for the following calendar month’s deductions. I agree that although this Authority and Mandate may be cancelled by me, such cancellation will not cancel the Agreement. I shall not be entitled to any refund of amounts which Safrican have withdrawn while this Authority was in force, if such amounts were legally owing to Safrican. 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.

**Signature of Account Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BANKING DETAILS**

You can deposit your premium directly into Safrican’s premium account at Nedbank with a bank deposit or EFT. An additional cash deposit fee is payable, as per the banking Industry to accommodate the banking fees, please confirm this amount at the bank:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Account Holder** | Safrican Insurance Company Limited | **Account type:** | Cheque |
| **Name of Bank:** | Nedbank | **Account Number:** | 1968 345957 |
| **Branch Code:** | 1968 0500 |

* I have read through the terms and conditions, I understand the rules and conditions of this policy.
* I have received a copy of the Terms and Conditions of this policy. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I declare to the best of my knowledge and belief that the particulars given are true and correct **Signature of Applicant**
* I am satisfied that the plan chosen by me best suits my needs, and this is a single need policy
* I am able to afford the monthly premium of the plan chosen by me
* I have read and understood the Summary of the Terms and Condition on the next page hereof
* I am/am not replacing an existing Funeral Plan with this Policy.

**Beneficiary:**

I hereby authorise the Underwriter to pay the proceeds of this Funeral Plan directly to the policy owner / beneficiary of the policy owner

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** ID number, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**.

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SAFRICAN FUNERAL GROUP SCHEME - Summary Terms and Conditions as stated in the Policy Document**

**FUNERAL BENEFITS:**

The funeral plan provides for a cash payment of a death claim of a Principal Member, Spouse, Children, Extended Family Members and Wider Children, where applicable.

**FUNERAL PACKAGE:**

The funeral package consists of the following benefits:

* Full Family Benefit
* Optional Extended Family Benefit
* Optional Additional Benefits, as specified.

All Principal Members must submit Application Forms to Safrican for record purposes at when joining a scheme.

**INSURED PERSONS DEFINITIONS:**

**Principal Member:** any individual, between age18 – 94 years, who is allowed to participate in the policy, in terms of the eligibility conditions as stated in the Policy Document. A Principal Member may not be older than the maximum entry age of 94 years. A Principal Member must live in South Africa and have a valid ID document or passport.

**Spouse**: a person married to the Principal Member by law or tribal custom or under the tenets of any Asian religion, which shall include a Common Law Spouse of the Principal Member. A Spouse may not be older than the maximum entry age of 94 years. A maximum of 2 Spouses may be covered.

**Common Law Spouse**: a person who is deemed by Safrican, at its sole discretion, to be a spouse, considering the circumstances of each case, and shall include, where applicable, customary marriages, or a relationship between two people of the same gender, or a relationship between two people who have lived together for at least six consecutive months prior to the date of death of the Spouse.

**Divorced Spouse:** A person who is no longer married to the Principal Member by law, Tribal Custom or under the Tenets of any Asian Religion & shall include a spouse who is no longer party to a Common Law relationship & where applicable, a relationship between two people of the same gender who ceased to cohabit.

**Child**: an unmarried child of the Principal Member, younger than age 21 years, including a stepchild, an illegitimate child, a legally adopted child or a stillborn child (must be stillborn from the 26th week of pregnancy). Only 2 stillbirth claims will be accepted per family during the term of the Policy. Cover for Children is extended to under age 26 years if the child is a full-time student at a recognised educational institution. This does not include part-time and correspondence students. Children who are mentally disabled or totally and permanently disabled before age 21 years, who are unable to care for themselves, are covered until cover for the Principal Member ends. Details of any children of a Common Law Spouse, illegitimate child and stepchild must be supplied to Safrican at the time that the Principal Member joins the scheme, or within 1 month of the child becoming eligible for cover. Failing this, Safrican will require satisfactory proof to support any claim.

**Optional Extended Family**: Family members, who are dependent on the Principal Member for financial assistance in the event of their death, may be covered. These include parents, parents-in-law, uncles, aunts, brothers, sisters, nephews, nieces, grandparents and children of the Principal Member who are age 22 years and older.

* Extended Family may not be older than 94 years
* Up to 10 Extended Family members may be covered.
* Only in case of a marriage may Extended Family (parent-in-law) be added, provided the maximum number of Extended Family Members has not been exceeded (approval to be granted by Safrican before premiums are amended).
* Extended Family members may be covered multiple times under the Plan, provided such Extended Family members are not nominated more than once by the same Principal Member and the maximum benefit limit of R60 000 is not exceeded for such Extended Family members across all Safrican plans.

**Wider Child**: A child who is 18 years or younger & does not qualify to be a Child but is financially dependent on the Principal Member in the event of their death. Up to 4 Wider Children may be covered.

**Insurable Interest:**

All persons insured under the policy must be related to the principal member and/or policy payer, and the principal member and/or policy payer must have an insurable interest in all insured persons under the policy.

**OPTIONAL BENEFITS:**

**Memorial Benefit:** The Benefit specified in the Schedule shall be due for payment on the first anniversary date of the death. The Memorial Benefit payee must contact Safrican within three months following the anniversary of the date of death of the deceased Principal Member or Spouse, failing which the benefit will be forfeited.

**Grocery Benefit:** In the event of the death of a Principal Member, the Grocery Benefit of R 12,000 will be paid over a period of one year in instalments of R 1,000 per month.

**Beef Benefit:** The Beef Benefit has been structured specifically to provide livestock required for the traditional funeral ceremony and following celebrations, or cash in the event of the death of any Principal Member, Spouse and Children (where applicable).

**Additional Accidental Death Benefit:** In the event of the death of a Principal member and/or dependents, the selected Accidental Death Benefit will be paid in addition to the funeral benefit.  An accident is defined as being any specific event, occurring at an identifiable time and place that is unplanned and unexpected by the person insured, resulting from unforeseen and unintentional circumstances, from an external source to the body.

**TERMS & CONDITIONS:**

* Principal Members must complete an application form choosing their Spouse, Children, Extended Family Members & Wider Children, where applicable. If application forms were not submitted to Safrican, the benefit may be forfeited.
* Benefits end on the date of death of the Principal Member, non-payment of premiums (subject to the Grace Period), or withdrawal from the Plan by the Principal Member, which ever event may occur first.
* Premiums are payable until death of principal member.
* Children may be covered multiple times provided that:
* The benefit for children younger than 6 years cannot be greater than the maximum benefit limit of R10 000 across all Safrican plans.
* The benefit for children younger than 14 and older than 6 years cannot be greater than the maximum benefit limit of R30 000 across all Safrican plans
* Should a Principal Member have underpaid his/her premium, the benefit payable in respect of a claim will be reduced in proportion to the underpayment.
* The policyholder is entitled to be provided, upon request, with a copy of the Policy Document.

**CONTINUATION OPTION:**

* Principal Members may continue their cover, where applicable, on an individual policy, after their cover ceasing on this Scheme.
* Where the Principal Member dies or for whatever reason withdraws from this Scheme, there is an option for any of the Principal Member’s dependents under this Scheme to continue their and the other dependents’ cover on an individual policy of funeral insurance, after their cover ceasing on this Scheme.
* Both above options must be exercised in writing and within 1 (one) calendar month of the date the original policy was cancelled.

**DUPLICATE COVER:**

A Principal Member, his/her Spouse and/or Children may be covered more than once as a dependent in any Voluntary Group Funeral Scheme underwritten by Safrican, provided that the total amount of cover does not exceed R60 000 per insured person.

**GRACE PERIOD:**

A one-month grace period is allowed after the first premium is paid to pay any future premiums once the policy is in force. If the premium is paid within that month the plan will remain in force during the Grace Period.

If the arrear premium and the premium due for that month is not paid by the end of the Grace period, the Plan will lapse without further notice and the waiting period will apply on any reinstatement.

**WAITING PERIODS:**

* From the start date of cover, there is a six (6) months waiting period for claims due to natural causes, for all persons insured under the policy who are less than 75 years old, and a twelve (12) months waiting period for all persons insured under the policy who are 75 years and older.
* Only accidental death claims will be paid immediately provided the policy for the Principal Member and/or dependents (where applicable) is in force.
* In the event of a Principal Member choosing a higher benefit for any person insured under the policy, from the start date of the increased cover, a six (6) months waiting period will apply only to the amount by which the benefit increased for persons less than age 75 years, and a twelve (12) months waiting period will apply only to the amount by which the benefit increased only for persons age 75 years and older.
* Where any premium payment is missed & thereafter paid, the part of the waiting period not completed at the point when the premium was not paid, will apply from the date premium is paid.
* Where a policy is reinstated, a new waiting period will start from the restarted date of cover.

**EXCLUSIONS:**

No benefit will be paid if death is directly / indirectly caused by:

* Terrorism or war (whether declared or not).
* Radioactive (Nuclear) contamination, directly or indirectly.
* Divorced spouses at the start of the policy are not covered as Spouses. Cover for divorced spouses as Spouses who divorce during the term of the policy will end immediately on divorce Unless where a couple have divorced but due to some circumstances, agreement or court order, the other spouse is still financially responsible for the other where the ex-spouse was covered as either husband or wife under the policy prior to the divorce becoming effective. In such cases, the spouse who is financially responsible for the other can claim the funeral benefits in respect of a deceased ex-spouse. Divorced spouses may be covered as Extended Family on Schemes or Policies which offer Extended Family cover.

**COOLING OFF PERIOD:**

The Principal Member has a 30 day cooling off period from receipt of this document to examine the policy. Provided that no death or claim has taken place in this period, he/she must inform Safrican in writing if he/she chooses not to take up the policy. All premiums already paid will be refunded, less the cost of any risk cover in case a claim was made during this period.

**CANCELLATION**

After the 30 day cooling off period has ended, Safrican reserves the right to cancel this policy at any time after giving the other party three (3) months written notice of such intention.

**SURRENDER VALUES / CESSION / LOANS:**

This policy has no surrender value, and may not be ceded or pledged in any way. No loans will be granted against this policy.

**FRAUDULENT CLAIMS:**

Safrican will not pay any fraudulent claim that is made against this policy. Safrican will, at its own discretion, be entitled to cancel this policy, & any other policy of the Principal Member or claimant, with immediate effect, if any fraudulent claim be made with the knowledge or intent of the Principal Member or claimant to Safrican’s detriment.

**Summary CLAIMS PROCEDURE**:

In the event of death, a Claim Notification Form must be submitted together with the relevant supporting documents within **six months** of the date of death. Failure to do so within **six months** from the date of death will result in the benefit being forfeited.

Documents to be submitted include, but are not limited to:

* Fully completed Claim Notification Form.
* Proof of Death:
* (BI-5) Original computer produced or faxed **certified** Death Certificate; **or**
* (BI-18) Original or faxed **certified** copy of unabridged Death Certificate; **or**
* (Bl-20) Original or faxed **certified** copy of Abridged Death Certificate in respect of stillborn, together with supporting medical documents.
* (BI-1663) A copy of the Notification of death
* Certified copy of Principal Member’s Identity Document
* Certified copy of deceased’s Identity Document
* Certified copy of beneficiary’s Identity Document
* Recent bank statement of beneficiary to confirm banking details

Safrican reserves the right to request further documentation or information as it may deem necessary to accurately assess a claim.

* Safrican will endeavour to settle the claim within 48 hours, provided all the claim procedure criteria have been met.
* Faxed copies must be clearly certified by the Police or a Commissioner of Oaths. The relevant details of the Police or Commissioner of Oaths must be clear.
* Documentation other than those listed, will not be accepted.
* Affidavits are not accepted.

**INTERMEDIARY SERVICES:**

The following fees are included in the monthly premium:

* A commission of 20% for services rendered
* A R 23 admin fee per policy for marketer remuneration and administration costs.

**YOUR POLICY IS UNDERWRITTEN BY:**

Safrican Insurance Company Limited (“Safrican”)

Reg No. 1935/007463/06

An Authorised Financial Services Provider – FSP No. 15123

[www.safrican.co.za](http://www.safrican.co.za)

Safrican is authorised to provide financial services regarding the following products: Long-term Insurance: Category

**SAFRICAN HEAD OFFICE**

First Floor, Grosvenor Corner, 195 Jan Smuts Avenue, Rosebank

P.O. Box 616, Johannesburg, 2000

Tel: (011) 778 8000 / Fax: (011) 778 8183

Email: [clientretention@safrican.co.za](mailto:clientretention@safrican.co.za)

If you have any reason to complain, kindly contact

The Compliance Officer of Safrican at:

PO Box 616, Johannesburg, 2000; Fax: (011) 778 8130

E-mail: [compliance@safrican.co.za](mailto:compliance@safrican.co.za)

Should a complaint not be resolved to your satisfaction,

you may escalate the complaint to the FAIS Ombudsman:

P.O. Box 74571, Lynnwood Ridge, 0040

Tel: (012) 470-9080 Fax: (012) 348 3447, Or

The Ombudsman for Long-term Insurance

Private Bag x45, Claremont, 7735

Tel: (021) 657-5000 Fax: (021) 674-0951

**YOUR INTERMEDIARY IS:**

Khanyisa Insurance Brokers (Pty) Ltd

Reg. No. 2006/035498/07 / FSP No. 31213

2 Loch Avenue, Parktown, Johannesburg, 2193

Tel: (011) 482 5452 / Fax: 086 542 0506

Email: [lifeadmin@khanyisabrokers.co.za](mailto:lifeadmin@khanyisabrokers.co.za)

**INTERMEDIARY COMPLIANCE OFFICER:**

MM Legal and Compliance,

37 Kobie Krige Street, Mogale City, Gauteng

**Tel:** 0110562560 **Cell:** 0741848467

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