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| **NEW APPLICATION** |  | | | **AMMENDMENT** | | | | | | | | |  | | | | **TRANSFER** | | | |  | |  | | | | | | | | |
| **SCHEME OPTION** | **A:** R8 000 | | | | |  | | **B:** R13 000 | | | |  | | | **C:** R17 000 | | | |  | **D:** R19 000 | | |  | **E:** R30 000 | |  | **F:** R50 000 | |  | **G:** 75 000 |  |
| **SHOP STEWARD** |  | | | | | | | | | | | | | | | | | | | | | | | | **REGION** | | |  | | | |
| **CELL NUMBER** |  |  |  | |  | |  | |  |  |  | | |  | |  | | **E-MAIL ADDRESS** | | | |  | | | | | | | | | |

**APPLICATION FOR VOLUNTARY FUNERAL ASSURANCE WITH EXTENDED FAMILY BENEFITS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1. **PERSONAL DETAILS OF MAIN MEMBER:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REGION: |  | | | | | | | | | STATION: | | | | | | | | | | |  | | | | | | | | DEPARTMENT: | | | | | | | |  | | | | | | | | |
| SURNAME: |  | | | | | | | | | | | | | | | | | | | | FIRST NAMES: | | | |  | | | | | | | | | | | | | | | | | | | | |
| ID NUMBER:Y  Y  Y  Y  M  M  D  D | Y | | Y | | M | M | D | D |  | | |  | |  | |  |  |  |  | AGE | | | |  | | | | | | | | | | | **UMNGCWABO** | | | | | | Y | | | N | |
| CELL NUMBER: | |  | |  |  |  |  |  |  | |  | |  | |  | | WORK NUMBER: | | | | |  |  | |  |  | |  | |  |  |  |  | | **PREMIUM** | | | | | | |  | | | |
| EMAIL ADDRESS: |  | | | | | | | | | | | | | | | | | | | | | | | | | | SAPU NUMBER: | | | | | | |  | |  | |  |  |  | |  |  | |  |
| POSTAL ADDRESS: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESIDENTIAL ADDRESS: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 1. **PERSONAL DETAILS OF SPOUSE:** | | | | | | | | | | | | | | | | | | | |
| SURNAME |  | ID NUMBER | Y | Y | Y | Y | M | | M | | D | | D |  |  |  | |  |  |
| FIRST NAMES |  | | **UMNGCWABO** | | | | | Y | | N | | **PREMIUM** | | | | |  | | |

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| 1. **PRINCIPAL MEMBER’S OWN CHILDREN DETAILS:** | | | | | | | | | | | | | | | | | |
| **NAME & SURNAME:** | | **DATE OF BIRTH / ID NUMBER:** | | | | | | | | | | | | | **UMNGCWABO** | | |
| **Y/N/** | | **PREMIUM** |
| **1** |  | Y | Y | M | M | D | D |  |  |  |  |  |  |  | Y | N |  |
| **2** |  | Y | Y | M | M | D | D |  |  |  |  |  |  |  | Y | N |  |
| **3** |  | Y | Y | M | M | D | D |  |  |  |  |  |  |  | Y | N |  |
| **4** |  | Y | Y | M | M | D | D |  |  |  |  |  |  |  | Y | N |  |
| **5** |  | Y | Y | M | M | D | D |  |  |  |  |  |  |  | Y | N |  |
| **6** |  | Y | Y | M | M | D | D |  |  |  |  |  |  |  | Y | N |  |
|  | | | | | | | | **TOTAL IMMEDIATE FAMILY PREMIUM** | | | | | | | | |  |

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| 1. **WIDER CHILDREN’S DETAILS:** | | | | | | | | | | | | | | | | |
| **NAME & SURNAME:** | | **DATE OF BIRTH / ID NUMBER:** | | | | | | | | | | | | | **PREMIUM** | |
|
| **1** |  | Y | Y | M | M | D | D |  |  |  |  |  |  |  | |  |
| **2** |  | Y | Y | M | M | D | D |  |  |  |  |  |  |  | |  |
| **3** |  | Y | Y | M | M | D | D |  |  |  |  |  |  |  | |  |
| **4** |  | Y | Y | M | M | D | D |  |  |  |  |  |  |  | |  |
|  | | | | **TOTAL WIDER CHILDREN PREMIUM** | | | | | | | | | | |  | |

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| 1. **EXTENDED FAMILY DETAILS:** | | | | | | | | | | | | | | | | | | | | |
| **NAME & SURNAME:** | | **DATE OF BIRTH / ID NUMBER:** | | | | | | | | | | | | | **REPATRIATION**  **PREM** | **UMNGCWABO** | | **COVER AMOUNT** | **PREM** | **TOTAL PREM** |
| **COVER** | **PREM** |
| **1** |  | Y | Y | M | M | D | D |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  | Y | Y | M | M | D | D |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  | Y | Y | M | M | D | D |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  | Y | Y | M | M | D | D |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  | Y | Y | M | M | D | D |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | **TOTAL EXTENDED FAMILY PREMIUM** | | | |  |

Repatriation benefit for **extended family members** can be added@ R2.30 per member.

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| 1. **INCOME CONTINUATION BENEFIT: (Six Months)** | | | |  |  |  |
| Income continuation benefit after death of principle member for 6 months @ R10.90 per month for every R1,000 | **BENEFIT PER**  **MONTH** | **PREMIUM** | **SELECT** | **BENEFIT PER MONTH** | **PREMIUM** | **SELECT** |
| R 1,000 | R10.90 |  | R 2,000 | R21.80 |  |
| R 3,000 | R32.70 |  | R 4,000 | R43.60 |  |  |

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| 1. **OPTIONAL BENEFITS:** | **COVER** | **PREMIUM** | **SELECT** |
| Airtime | R 250 | R 7.60 |  |
| Car Hire | R 7,500 | R 34.10 |  |

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| 1. **TOTAL PREMIUM CALCULATION** | |
| Total Immediate Family Funeral Premium + Umngcwabo / Beef / Inkomo Premium | **R** |
| Wider Children Premium | **R** |
| Extended Family Premium | **R** |
| Income Continuation Premium (6 Months) | **R** |
| Airtime Premium | **R** |
| Car Hire Premium | **R** |
| **GRAND TOTAL PREMIUM** | **R** |

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| 1. **BENEFICIARY NOMINATION** | | | | | | | | | | | | | | | |
| I hereby nominate the following person for any benefits due to be paid from the scheme in the event of my death | | | | | | | | | | | | | | | |
| NAME: |  | | | | | | | | | | | | | SURNAME: |  |
| ID NUMBER: | Y | Y | M | M | D | D |  |  |  |  |  |  |  | RELATIONSHIP |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1. **PREMIUM PAYMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PERSAL DEDUCTION AUTHORISATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I prefer that my premium be deducted by means of PERSAL. Should this deduction fail, I authorise Safrican Insurance Company to deduct my premium by means of Debit Order. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME: |  | | | | | | | | | | | | | SURNAME: |  | | | | | | | | | | | | | | | |
| RANK |  | | | | | | | | | | | | | STATION: |  | | | | | | | | | | | | | | | |
| ID NUMBER: | Y | Y | M | M | D | D |  |  |  |  |  |  |  | PERSAL NUMBER: |  |  | |  | |  | |  | |  | |  | | **-** | |  |
| AMOUNT: |  | | | | | | | | | | | | | START DATE: | Y | | Y | | Y | | Y | | M | | M | | D | | D | |

I hereby authorise the Accountant of the Department to deduct from my salary each month the premium of applicable for the cover selected with effect from and monthly thereafter, and pay this amount to Safrican Insurance Company Limited (“Safrican”), in respect of the Dibanani Funeral Plan of which I am a Member, until such time as I cancel this authorisation in writing, or until I substitute it with a new authorisation.

Should the relevant premium rate be adjusted by Safrican as a result of an inflation related increase in premium rate; I confirm that the adjusted premium rate may be deducted from my salary until such time as I cancel this authorisation in writing or until I substitute it with a new authorisation

In the event of this deduction being dishonoured, the policy will lapse, subject to the grace period as stipulated under the terms & conditions. No deductions are accepted for arrear or any other premiums.

I understand that this signed document is required in the Safrican offices 10 (ten) working days prior to the deduction date; if not, the deduction will only qualify for the following calendar month’s deductions, and cover will only commence the following month.

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| POLICY PAYER’S SIGNATURE: |  | DATE: | Y | Y | Y | Y | M | M | D | D |

**When selecting payment via Persal, please also complete the Debit Order section to be used only in case of limit exceed**

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| 1. **DEBIT ORDER AUTHORITY** | | | | | | | | | | | | | | | | | | | | | | | | | |
| ACCOUNTHOLDER NAME: | |  | | | | | | | | | | | | | | | | | | | | | | | |
| BANK NAME: | |  | | | | | BRANCH NAME: | | |  | | | | | | | | | | | | | | | |
| ACCOUNT NUMBER: | |  | | | | | BRANCH CODE: | | |  | |  | | **-** | |  | |  | | **-** | |  | |  | |
| AMOUNT | |  | | | | | | | | | | | | | | | | | | | | | | | |
| ACCOUNT TYPE: | CHEQUE | |  | SAVINGS |  | TRANSMISSION | |  | START DATE | | Y | | Y | | Y | | Y | | M | | M | | D | | D |

I hereby authorise Safrican Insurance Company to commence a debit order withdrawal from my account on the \_\_\_\_\_day of the month and monthly thereafter, with a possible percentage increase each year, for the premium applicable to the cover selected.

I understand that the debit order will be run on the date selected; if for whatever reason it is not honoured 2 (two) withdrawal runs will be submitted the next month. In the event of this run being dishonoured, the policy will lapse, subject to the grace period as stipulated under the terms and conditions.

I understand that this signed document is required in the Safrican Insurance Company Limited’s offices 10 (ten) working days prior to the elected deduction date; if not, the deduction will only qualify for the following calendar month’s deductions, and cover will only commence the following month.

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| POLICY PAYER’S SIGNATURE: |  | DATE: | Y | Y | Y | Y | M | M | D | D |

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| 1. **DECLARATION** |

I declare to the best of my knowledge and belief that the particulars given above are true and correct.

I understand & agree that any wilful misrepresentation in this application will invalidate any benefit under this Policy & I undertake to abide by the terms & conditions of the Policy. Safrican shall not be liable for any amount until it has accepted this application and first premium.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PRINCIPAL MEMBER’S SIGNATURE: |  | DATE: | Y | Y | Y | Y | M | M | D | D |

**\*\*NB:** If it is found that a participant is over the age limit when joining, any claim for this member will be repudiated and premiums refunded.

Fax completed form to 086 673 2150 [or e-mail to info@sapufuneral.co.za](mailto:info@dibananiwethu.co.za) or contact our Call Centre on 087 110 0973/ 012 940 2616 or 012 362 0143

**NB!! To avoid delays, please send application forms to** [**info@sapufuneral.co.za**](mailto:info@sapufuneral.co.za) **and not to individual members**