

### 1. Main Member Details

Title	Mr	Initials	Do	Surname	Suku			
First Name/s	David				Gender (✓)	<input checked="" type="checkbox"/> Male	Female	
Identity Number								
Residential Address	77							
							Postal Code	
Postal Address								
							Postal Code	
Telephone Home				Cell				
Telephone Work				Email				
Preferred method of communication (✓)		Telephone		Cell Phone		Email		Post

### 2. Spouse Details

Title		Initials		Surname				
First Name/s					Gender (✓)	Male	Female	
Identity Number								
Telephone Home				Cell				
Telephone Work				Email				
Preferred method of communication (✓)		Telephone		Cell Phone		Email		Post

### 3. Child Dependent Details (must be younger than age 21 at the time of application, up to a maximum of 6 children on your policy)

Surname	Full Name/s	ID Number	Relationship to Main Member
1. Barbara			
2.			
3.			
4.			

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5.				
6.				
<b>4. Parent Details (must be younger than 84 at the time of application, up to a maximum of 4 parents on your policy)</b>				
Surname	Full Name/s	ID Number	Relationship to Main Member	
1.				
2.				
3.				
4.				
<b>5. Extra Members Details (must be between the ages of 18 and 64 at the time of application, up to a maximum of 4 members on your policy)</b>				
Surname	Full Name/s	ID Number	Relationship to Main Member	
1.				
2.				
3.				
4.				
<b>6. Extended Family Member /s</b>				
Surname	Full Name/s	ID Number	Relationship to Main Member	Premium
1.				R
2.				R
3.				R
4.				R
5.				R
6.				R
7.				R
8.				R
9.				R
10.				R
Total Premium for Extended Family Member/s				R

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## 7. Beneficiary Details

Title		Initials		Surname			
First Name/s					Relationship to Main Member		
Identity Number							
Residential Address							
						Postal Code	
Telephone				Cell			

## 8. Total Premium Payable – Calculation Summary

Cover Selected	Premium Amount Payable
Main Member Only Option	R
Family Unit Option (Main Member, Spouse & up to 6 Children)	R
Family Unit Option (Main Member, Spouse, up to 6 Children, up to 4 Parents and up to 4 Other Members)	R
Extended Family Member Option	R
Total Premium Due	R

## 9. Debit Order Mandate and Authority

### A. Authority

Name of Account Holder					
Residential Address					
					Postal Code
Bank Name					
Branch Name				Branch Code	
Account Number					
Account Type					

Amount

Debit Date	1 <sup>st</sup> day of the Month	15 <sup>th</sup> day of the Month	20 <sup>th</sup> day of the Month	25 <sup>th</sup> day of the Month	Last day of the Month
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The above refers to our Funeral Policy Application Form date 20..... I hereby authorise Sena Financial Services to issue and deliver payment instructions to your Banker, for collection against my above stated account at the Bank (or any other bank or branch to which I/we may transfer my account). On condition that the sum of such payments instruction will never exceed my obligation as agreed to in this Policy, commencing on 20..... and continuing until this Authority and Mandate is terminated by me, by giving Sena Financial Services notice in writing of not less than 20 ordinary working days, and sent by prepaid, Registered Post or delivery to the offices of Sena Financial Services, as indicated above.

The individual payment instructions will take place as indicated in Section 7.

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If the payment day falls on a Sunday, or a recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

Payment instructions due in December of each year, may be debited against my account on 20.....

I understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should identify the Agreement, this number must be added to this form in Section E below, before the issuing of any payment instruction

#### B. Mandate

I acknowledge that all payment instructions issued by Sena Financial Services shall be treated by my/our abovementioned bank as if the instructions have been issued by me personally

#### C. Cancellation

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 Sena Financial Services have withdrawn whilst this Authority was in force, if such amounts were legally owing to Sena Financial Services


#### D. Assignment

I acknowledge that this Authority may be ceded or assigned to the 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

#### E. Consumer Protection Act Disclosures

I acknowledge that this Authority may be ceded or assigned to the 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

I would like Sena to inform me of new products and special offers	YES		NO	
I would like Sena to present exclusive offers from other organisations to me	YES		NO	
Sena may use a method of communication other than that preferred by me as well as my personal information to market its products to me, including electronic marketing and telesales, until I give an instruction to the contrary.	YES		NO	

Signed at  on this ..... day of ..... 20.....

Signature of Account Holder	
Date signed	
Assisted by	
Signature of Main Member	

#### F. Agreement Reference Number

This Agreement reference number is Sena membership Scheme followed by your policy number once issued.

#### 10. Agreement

We agree

- I confirm that I have read and do understand the information held within this application form. That I understand the options available and made my decision
- I agree that the contract is made up of the terms and conditions of the policy, the terms and conditions of this application form the policy schedule and any changes that I might request in future

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3. I agree that any feeds payable in terms of the Long-Term Insurance Act of 1998, may be paid to the agent that assisted me with the policy
4. I agree that Sena Membership Scheme will not be at any risk for any alternations to the policy made by me or anyone acting on my behalf until Sena Membership Scheme has accepted in writing such alternation and for which they have received a premium
5. I understand, and I agree that RMA will only be at risk from the start date of the policy and that the policy is subject to waiting periods
6. I understand and confirm that all information given to me in this application form, whether my handwriting or not, is true and correct
7. I understand that if any information I have provided herein is false or I have failed to disclose material facts then Sena Membership Scheme may cancel the policy
8. I understand and agree that if the main member passes away, my spouse will receive the benefits if the claim is valid. Should my spouse pass away, that I will receive the benefit payment if the claim is valid. If I pass away and there is no spouse covered on the policy, the benefit will become payable to my nominated beneficiary. This will also be the same if the Main Member and souse pass away at the same time
9. I understand and agree that I should nominate a beneficiary that is not a minor child. The nominated person should be someone that can make Funeral arrangements and/or should be responsible to pay for the Funeral
10. I undertake to keep Sena Membership Scheme informed of any changes to contact details or beneficiary details, so that Sena Membership Scheme can determine where to pay any amount due under the policy
11. I understand and agree that if my benefit is unpaid because Sena Membership Scheme cannot trace me, my beneficiary(ies) or dependents, using the contact details I provided, Sena Membership Scheme may make use of a tracing company to trace me, or my beneficiary(ies) or my dependents within the prescribed period, set out by the Industry standard
12. I understand that Sena Membership Scheme will attempt to find me or my beneficiary(ies) through various measures, which may include using internal and external databases, such as the Credit Bureau and the Department of Home Affairs or trancing agents
13. I understand that if my benefit becomes payable and is not claimed, Sena Membership Scheme will keep the benefit for as long as the law requires, while using reasonable attempts to trace me or my estate or beneficiary(ies)
14. I understand that by giving Sena Membership Scheme the personal information for my dependents and beneficiary(ies) Sena Membership Scheme have obtained permission from your dependents and beneficiary(ies) to share their personal information with a tracing company/agent in order to assist with tracing me, my dependents and/or beneficiary(ies)
15. I understand that when Sena Membership Scheme use a tracing company to assist in tracing me, my dependents and/or beneficiary(ies), and they are successful, they will deduct the cost for the use of a tracing agent from the benefit payable to myself or my beneficiary(ies). I understand that the tracing fee is subject to change during the term of this policy and will not exceed R1000. All information obtained or acquired about myself or my dependents or beneficiary(ies) shall remain confidential unless I provide written consent, or unless Sena Membership Scheme is required by law to disclose such information

Signature of Client

David

Date Signed

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