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REG NO: Dream Homes Stokvel Nasasa 153462



Signature

STOKVEL NEW MEMBERSHIP APPLICATION FORM



Date Y Y Y Y M M D D

Date of Application / 2019 **Owner Applicants Details Section 1** * Please note a Non-Refundable Membership Fee of R1500.00 should be paid by the applicant. The membership fee is a monetary payment to the stokvel, and it must be submitted along with an application. Title Initials First name Middle name Surname ID/Passport Tel. no. Cell Phone no. **Email** Divorced Civil Union Marital status Single Married Widowed Antenuptial contract Community of property Natural person Marital contract **Declaration by Applicant Section 2** I confirm that I have read and understood the Application Document and Contract Details sections of the application forms, related quotes and all related documents for each of these. I declare that the statements and responses provided by me and all documentation that I have signed or will sign in relation to each application/s are true and complete. I agree that this application and declaration, together with all relevant documents that have been or will be signed by me or any additional parties in terms of this application, shall form part of the contract between Dream Homes Stokvel and myself. If any information is withheld or incorrect, I understand that the benefits will be cancelled from the inception date of the membership and all monthly contributions that have been paid to Dream Homes Stokvel will be forfeited. Where I am married in community of property, I declare that I have the written consent of my spouse to make this application. I agree that should Dream Homes Stokvel accept this application; the acceptance will be conditional upon there having been no change to the facts on which the acceptance was based. I agree that any changes to the finance or risk status of my life will be communicated to Dream Homes Stokvel in writing before it accepts this application, and failure to do so may result in the rejection of any future benefits. I understand that if the first contribution is not paid on or before the first agreed date, no membership will be provided, and no claims will be payable under the membership for that period until the first contribution is received in full by Dream Homes Stokvel and its administrators Su Casa Property Investment Group PTY LTD. I hereby give consent to Dream Homes Stokvel to send me any relevant information relating to: I hereby give consent to Dream Homes Stokvel to refer my details to: Validity of quotation information: • Dream Homes Stokvel will not be held liable for any errors or omissions which may have occurred in the production or completion of this application. I authorise Dream Homes Stokvel to accept this application and the accompanying illustrative quotation on the terms of the illustrative quotation.....

Signature (spouse if married in COP)

All future communications emailed to the nominated person below will be deemed to have been communicated to the stokvel member, should the nominated person be different to the stokvel member. Documents unavailable electronically will be posted. Please only nominate one person to receive the communicati on. Title **Initials** First name(s) Surname Cell no. Email Postal address Physical address **Section 4** Spouse / Next of Kin Details Title Initials First name(s) Surname Cell no. **Email** Postal address Physical address **Section 5 Beneficiary Details** 5.2 If there is a single membership / owner and the proceeds are not to be paid to the estate, complete the table below with your beneficiary details. Allocate the following death benefits, where applicable, and indicate the percentage split. First name/s Relationship to Member **Identity Number** Surname

Correspondence Details

Section 3

Other insurance details

Complete the table below with the benefit amounts of other existing insurance policies on the life insured's life with all insurers. Include any policies not yet finalised but exclude any policies being replaced with this application.

Benefit			Personal		Business		
			Individual	Group	Buy & Sell	Key Person	
							Contingent
Life Cover	Lumpsum						
	Income Benefit	24-month payment					
		24-month payment					
	Lumpsum						
Disability	Income Benefit	24-month payment					
		24-month payment					
Impairment	Lumpsum						
	Income Benefit	24-month payment					
		24-month payment					
Retrenchment	Lumpsum						
	Income Benefit						
Critical Illness	Lumpsum						

Protection of existing insurance
NOTE : Replacement of exist ng insurance is generally to the disadvantage of the owner because it involves duplication of initial costs charged to the policy.
Would you want the stokvel to insure your property?
Is this proposal to replace the whole or any part of your existing insurance with any insurer (whether replacement is to occur immediately or to replace an insurance discontinued in the past four months or within the next four months)?
If yes, the financial advisor must discuss and complete the Replacement Policy Advice Record and attach it to this proposal for you

City / Area of Choice

Section 7

Member should choose five preferable area of choice where the member prefers his / her house built.

Ekurhuleni	Sedibeng / Vaal	City of Joburg	Tshwane	West Rand

PLEASE CHOOSE FROM THE MUNICIPALITIES ABOVE AND STATE IN THE BLOCKS THE NAME OF THE AREA YOU WISH TO HAVE YOUR HOUSE BUILD IN. USE THE ALLOCATED BLOCKS TO PUT THE NAME OF A LOCATION UNDER EACH MUNICIPALITY BLOCK. YOU CAN

CHOOSE AT LEAST FIVE AREAS.

Banking Details Section 8

Banking Details
Bank Name: FNB

Account Holder: Su Casa Property Investment Group PTY LTD

Account Number: 62830853489

Branch Name: Bank City Branch Code: 250805

Reference: Please put your name and surname – Amount to be deposited R1500,00 Send your completed form with your proof of payment to dhstokvel@gmail.com

For Office Use Only		Section 9
Date Receive	Membership Number	
Certified ID Copy 🕜 🔃	Proof of payment YN	Joining Fee Paid YN
Date payment received	Position on the list	
Beneficiary Details Confirmed VN	Beneficiary Certified ID	Copy / Birth Certificate Y N
Spouse Details Confirmed 🕅 🕦 Doe	es Member have a LIFE COVER? 🛛 🔃	Spouse Certified ID Copy 🛛 N
Processed by	Date Pr	rocessed
Designation	Signatu	ure
	OFFICE STAMP	



Reg no: 2017 / 098838 / 07 Tax no: 9094273233



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