



Housing you with *UBUNTU!*

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Owner Applicants Details

Section 1

Title Initials First name

Middle name Surname

ID/Passport Tel. no.

[illegible]

Marital status ☐ Single ☐ Married ☐ Divorced ☐ Civil Union ☐ Widowed ☐

Marital contract ☐ Antenuptial contract ☐ Community of property ☐ Natural person ☐

Have you ever been declared insolvent? If yes, have you been rehabilitated?.....

Are you under debt management or liquidation?.....Y N Would you like an electronic copy of the policy?.....Y N

Declaration by Applicant

Section 2

I hereby give consent to Dream Homes Stokvel to send me any relevant information relating to:

• Suggest property Investment and any new or existing product offerings..... Y N

I hereby give consent to Dream Homes Stokvel to refer my details to:

- Dream Homes Stokvel for the purposes of contacting me in relation to any new or existing product offering..... Y N

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 _____ Signature (spouse if married in COP) _____ Date YYYYMMDD

Correspondence Details

Section 3

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 communication.

Title Initials

First name(s)

Surname

Cell no.

Postal address

Physical address

Spouse / Next of Kin Details

Section 4

Title Initials

First name(s)

Surname

[illegible]

Postal address

Physical address

Beneficiary Details

Section 5

5.1. Should the proceeds of this membership be paid to the estate of the policy owner?.....☒Y☐N

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.

[illegible]

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 | | | | | |
| Disability | Lumpsum | | | | | | |
| | 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 existing 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?..... ☐ Y ☐ N

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)? ☐ Y ☐ N

If yes, the financial advisor must discuss and complete the Replacement Policy Advice Record and attach it to this proposal for you

Section 7

City / Area of Choice

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

*Should Dream Homes Stokvel be not in a position to secure a land in the three areas you chose, are you willing to be allocated a house in the area where Dream Homes Stokvel has secured?..... ☐ Y ☐ N

| 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 ☐ Y ☐ N

Proof of payment ☐ Y ☐ N

Joining Fee Paid ☐ Y ☐ N

Date payment received

Position on the list

Beneficiary Details Confirmed ☐ Y ☐ N

Beneficiary Certified ID Copy / Birth Certificate ☐ Y ☐ N

Spouse Details Confirmed ☐ Y ☐ N

Does Member have a LIFE COVER? ☐ Y ☐ N

Spouse Certified ID Copy ☐ Y ☐ N

Processed by

Date Processed

Designation

Signature

OFFICE STAMP



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



Reg no: dreamhomestokvel NASASA153462

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