



POLICY NUMBER: PFP _____

68th Street
Springs
1559

Tel no: (011) 362-2042
Fax no: (011) 362-3759

Underwritten by Safrican Insurance Company FSP no: 15123

PROVIDER FUNERAL PLAN - BENEFIT CHOICE

AGE AT ENTRY 18-64 YEARS

Benefit	R5,000	R8,000	R10,000	R15,000	R20,000
Family (includes Spouse & children below 21)	R32,00	R46,00	R60,00	R86,00	R110,00
Single Member	R27,00	R40,00	R53,00	R75,00	R96,00

AGE AT ENTRY 65-74 YEARS

Benefit	R5,000	R8,000	R10,000	R15,000	R20,000
Family (includes Spouse & children below 21)	R60,50	R90,00	R120,00	R168,00	R216,00
Single Member	R53,50	R80,00	R105,00	R150,00	R193,00

EXTENDED FAMILY RATES

Benefit	0 – 64 YRS	65–74YRS	75–84YRS	85–94YRS
EXTENDED FAMILY @ R5,000	R20,00	R46,00	R64,00	R84,00
EXTENDED FAMILY @ R10,000	R40,00			

ONCE-OFF ADMINISTRATION FEE R75,00 **TOTAL PREMIUMS PAYABLE** R

INSURED DETAILS

PRINCIPAL MEMBER				SPOUSE DETAILS			
Surname				Surname			
Name		Title		Name		Title	
Residential Address				Residential Address			
Code				Code			
Tel No				Tel No			
Identity Number				Identity Number			
Date of Birth				Date of Birth			
Marital status				Marital status			
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Other							

PRINCIPAL MEMBER'S CHILDREN UNDER 21 YEARS MAXIMUM OF SIX (6)

Name and Surname	South African ID/Date of Birth	Name and Surname	South African ID/Date of Birth
1.		4.	
2.		5.	
3.		6.	
TOTAL PREMIUM	FAMILY	SINGLE MEMBER	R

EXTENDED FAMILY

Name and Surname	South African ID	Relationship	Benefit	Premium
1.			R	R
2.			R	R
3.			R	R
4.			R	R
5.			R	R
TOTAL EXTENDED FAMILY PREMIUM				R

BENEFICIARY

Name		Surname	
Relationship		South African ID/DOB	

DEDUCTION AUTHORITY

Account Holder		Account Type	Cheque	Savings	Transmission
Bank Name		Account no.			
Branch Name		Branch Code			

I/We hereby request, "instruct" and authorize Netcash (Pty) Ltd to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) a once-off administration of **R75,00** and the sum not more than R _____, being premiums for the current month on the day _____ of each and every month commencing on ___/___/___ and continuing (as the case may be). All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally. I further understand that the debit order will run on the date selected, if payment is not made by this date, then my membership can be terminated with immediate effect and all benefits derived from the scheme will cease. I hereby declare that the information provided is true and correct and agree that any false declaration could render my membership null and void. I understand that this instruction will continue until termination of my membership and can be cancelled by me in writing at any time by giving you thirty days' notice in writing (sent by registered post or hand delivery). I understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you. Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank. I/We agree to pay all bank charges relating to this debit order instruction. *Please note on your bank statement will appear "NETCASH KUASURE XXX"

DECLARATION:

I DECLARE AND AGREE TO THE FOLLOWING TERMS AND CONDITIONS:

- I am aware that I must inform Kua-sure in writing within the specified time of any births of eligible children in order that the children may be covered.
- All the information on this form, as supplied in connection with this application is true and complete and will form the basis of this policy. I further understand that any misrepresentation or false information can lead to the cancellation of these benefits, in which case all moneys paid to the Insurer will be forfeited.
- The policy will only become effective on receipt of the first payment, and will be activated once the first premium has been received.
- I undertake to keep the Insurer informed of any changes in my banking or contact details.

I the undersigned, confirm that I have read this declaration and understand the full implications thereof.

Signature of Accountholder: _____

Date: _____

OFFICE USE ONLY
AGENT NAME: _____
INCEPTION DATE: _____