

APPLICATION FORM

Policy No: _____

I the undersigned hereby apply for membership and benefits, as indicated on **Kgatso Funeral Policy** marketing material.

New Policy or **Alteration** on your existing policy

Have you cancelled or do you intend to cancel an existing policy in order to take out this one? **Yes** or **No**

1. PERSONAL DETAILS OF MAIN MEMBER

Title	Full names										Surname			
ID No											Marital Status		Date of Birth	
Physical Address										Postal Address				
Cell No					Tel No (H)					Tel No (O)				
Work Name					Job/Occupation					E-Mail				

2. PERSONAL DETAILS OF SPOUSE

Title	Full names										Surname		
ID No											Date of Birth		

3. DEPENDANT CHILDREN

Initials and Surname	Sex	Identity number or Date of Birth	Premium
1			
2			
3			
4			

4. EXTENDED MEMBERS

Initials and Surname	Sex	Identity number or Date of Birth	Premium
1			
2			
3			
4			
5			
6			
7			
8			
9			

5. BENEFICIARY/IES

1	Share %																			
2	Share %																			

Current Main Member's Age _____ **PLAN** **OPTION** **INKOMO** Total Premium R _____

6. DEBIT ORDER

Account Holder: _____ **Bank** _____ **Branch:** _____

Branch Code: _____ **Account No:** _____ **Deduction Date:** _____

I hereby authorise **4D Group Solutions** or **Econo Group Schemes** to debit my account at the abovementioned bank or where I may transfer my account to, with the premiums payable in respect of assurance being applied for now. The authorisation will remain valid until it is cancelled by me in writing.

Signature of Account Holder: _____

Date: ___/___/___

7. DECLARATION

I the undersigned hereby declare and warrant all information supplied herein, to be true and complete. I am aware, of any non-disclosure or misrepresentation of information which is material to the determination of the risk by African Unity or Channel Life, may lead to the policy being declared null and void, in which case all premiums paid, will be forfeited. I am certain that the product which I am applying for meets my needs and feel that I have all the necessary information in order to make an informed decision in respect of the purchase thereof. I have been advised on the product features, premiums and all its terms and conditions. I was given a flyer which includes product features, premiums and all product terms and conditions. I also confirm that I have read and understood all the terms and conditions.

Signature of Main Member: _____

Date: ___/___/___

Agent: _____ **Agent Code:** _____ **Signature:** _____

Date: ___/___/___