



ADDRESS: HATFIELD HEIGHTS STREET, BEREA, JHB 2198

TEL: 010 634 0892 / FAX: 086 416 053

CELL: 073 804 4504/ 079 927 8311

EMAIL: [abathandwafuneralservice@gmail.com](mailto:abathandwafuneralservice@gmail.com)

**APPLICATION FORM**

AGENT NAME	
------------	--

<b>SECTION 1: POLICY HOLDER</b>	FIRST NAME (S)			
	SURNAME		TITLE	MR/MRS/MISS/MS
	ID No./PASSPORT No.		BIRTH DATE	
	PHYSICAL OR POSTAL ADDRESS			
	CONTACT NUMBER		ALTERNATIVE	

<b>SECTION:2 SPOUSE DETAILS</b>	FIRST NAME (S)	SURNAME	ID/PASSPORT NUMBER	DATE OF BIRTH

<b>SECTION 3: BENEFICIARIES</b>	<b>(PLEASE PROVIDE US WITH DOCUMENTS OF YOURN SELECTED DEPENDANTS TO BE COVERED)</b>				
	FIRST NAME (S)	SURNAME	ID/PASSPORT NO.	DATE OF BIRTH	RELATION TO MEMBER
1					
2					
3					
4					
5					

<b>SECTION 4: ADDITIONAL MEMBERS</b>	<b>(PLEASE PROVIDE US WITH DOCUMENTS OF YOUR SELECTED MEMBERS TO BE COVERED)</b>				
	FIRST NAME (S)	SURNAME	ID/PASSPORT NO.	DATE OF BIRTH	RELATION TO MEMBER
1					
2					
3					
4					

**SECTION 5 :BENEFIT &PREMIUM APPLICABLE**

POLICY TYPE	JOINING FEE	MONTHLY PREMIUM	✓
STANDARD PLAN	R200	R60	
BRONZE PLAN	R200	R85	
PLATINUM PLAN	R200	R135	
GOLD PLAN	R200	R 220	

**SECTION 6: DECLARATION**

I.....*have read and understood the application above.*

..... (SIGNATURE)

DATE: YYYY/MM/DD.....

**TERMS AND CONDITIONS**

- Waiting period for policies is 6 month
- Accidental death will be covered immediately
- All premiums shall be paid monthly on or before the 7<sup>th</sup>
- Policies lapses after 3 months of no payment received
- Premiums are paid to death
- All policies covers children under the age of 21years
- All policies covers the policy holder, spouse & 5 (five) children under 21 years
- Additional members will be covered at an additional costs
- Make sure you understand the plan that you take
- If we collect the corpse and you decide to remove that corpse from our funeral home you will be liable for any cost
- We do not take coffins from other funeral homes/factory, we have to use our own and its non-negotiable
- You are allowed to upgrade coffin at an additional cost
- For all house removals an amount of R550 for doctor's fee is paid by family.

**EXTENDED FAMILY MEMBERS PAY ACCORDING TO AGE**

- 21 YRS- 35YRS –R30
- 36YRS-55YRS -R 55
- 56YRS -65YRS - R80
- 65YRS –OVER -R 95

**SIGNATURE** ..... **DATE: YYYY/MM/DD**.....

