



# APPLICATION FORM

Policy No: \_\_\_\_\_

Commented [KF2R1]:

I, the undersigned hereby apply for benefits, as indicated on **Kgatso Funerals** 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. SPOUSE

Names and Surname	Sex	Identity number or Date of Birth	Relationship

### 3. DEPENDANT CHILDREN

	Names and Surname	Sex	Identity number or Date of Birth	Relationship
1				
2				
3				
4				
5				
6				

### 4. EXTENDED MEMBERS

	Names and Surname	Sex	Identity number or Date of Birth	Relationship
1				
2				
3				
4				
5				
6				

### BENEFICIARY

Names	Surname	Id no

Current Main Member's Age \_\_\_\_\_

Plan

Total Premium R \_\_\_\_\_

### 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 Safrican Insurance Company, 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: \_\_\_\_/\_\_\_\_/\_\_\_\_



Commented [KF3]:

Commented [KF4R3]:

Commented [KF5R3]: