

MEMBER APPLICATION FORM

Contact Details : (T) 013 241 1645 (E) joexulu@gmail.com (C) 072 178 7785

An authorised Financial Services Provider: FSP No 46991

Name of Scheme :					SoulRest Funerals B													an	_		J. C. 7800 T. U. S. JA. 2	
DETAILS OF PRINCIPAL INSURED																						
Surname												Name										
ID Type	RSA		Other		ID Pa	ssport No															Age	
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Home Language English				Afrikaans Xhosa Zulu Sotho Other																		
Contact Telephone Numbers (С	н													W					
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Contact Numb					ļ	ID Passport No			-												Age	
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Name of 3rd Party	it 3rd p	oarty is	to be nomi	inated	as the beneficiary	(e.g. Funeral Home	Emplo	oyer	Cred	lit Pro	ovider)										
PRODUCT SELECTION INCLUDING ADDITIONAL OPTIONAL ADD-ON PRODUCTS																						
Product Benefit Description											b	a T	Re	nefit Value	Premium							
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PRODUCT SELECTION : FAMILY PROTECTOR PLAN																							
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Persal				Persal Number																			
STOP ORDER	REQU	EST : INSURA	NCE																				
I, the undersi	gned (Full name an	d suri	name)																			
			ID N	umber (starting with date of bi	rth)	Т		Г	П	Г	Т	Т	Г	П	Г	Т	Т						
Hereby authorise the Accountant of the Department of																							
To deduct R for the month of 20 and monthly thereafter the amount of																							
	R from my salary and remit to SoulRest Funerals (Reg No : 2008/223021/23)																						
				n in writing, or substitute it with a i I from my salary until such time as i												be ac	ijuste	ed by	the Company	/ Inst	itution, I		
Signed at	l l	ase may as a		Justining select and security as	2011	221 7	on t		,	30,99,541	- 1	y of		1141112	91.						20		
Signature																							
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Accountant								Date	2														
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K. PRINCIPAL	*****			·1														(0)	W. els				
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has received	my 1st	premium: i un	dersta	and that claims will not be paid to the	he b	enefi	ciary	if al	my	pem	ium	s hav	e no	t bee	en pa	aid to	Sou	Rest	Funerals, sub	ject t	o section		
52 of the LTIA I further decl			d of m	ny rights of the policy protection rul	es a	nd i d	lecla	re th	nat i u	unde	ersta	nd ar	nd ac	cept	the	term	ns an	d cor	nditions applic	able t	o this polic		
				per application form is true, comple									4										
* The benefits, terms and conditions of this policy have been explained to me and that I understand and accept them																							
* The monthly premium is affordable and that I can afford to pay for this policy																							
* My bank details are correct for the deduction of my monthly premium via debit order (if applicable) * I understand and accept the terms and conditions of any add-on product that I have selected																							
* I can request to see a copy of the Master Policy that is held by the Policyholder (scheme owner)																							
* I will receive a participation certificate																							
		•		f this declaration with my signature	e bel	low																	
PRINCIPAL IN																							
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