KHULASIZWE FUNERAL SCHEME - BURIAL MEMBERSHIP PLAN APPLICATION FOR MEMBERSHIP

MEMBERSHIP COMMENCEMENT DATE:	PLAN OPTION:
CLIENT NUMBER:	MEMBERSHIP NO:

PRINCIPAL MEMBER'S DETAILS

SURNAME:	FIRSTNAMES:	EFFECTIVE DATE:	IDENTITY NUMBER
MARITAL STATUS:	E-MAIL ADDRESS:	CELLPHONE NUMBER	TELEPHONE NUMBER:
POSTAL ADDRESS		CODE	

SPOUSE'S DETAILS

SURNAME:	FIRST NAMES:	IDENTITY NO:	DATE OF BIRTH:
CELLPHONE	CELLPHONE 2/ALTERNATIVE:	EMAIL ADDRESS:	

PRINCIPAL MEMBER'S CHILDREN

NAME AND SURNAME	ID NUMBER / DATE OF BIRTH	NAME AND SURNAME	ID NUMBER / DATE OF BIRTH
1		2	
3		4	
5		6	

EXTENDED FAMILY MEMBERS

NAME AND SURNAME	ID NUMBER / DATE OF BIRTH	RELATIONSHIP	COVER AMOUNT
1			
2			
3			
4			
5			
6			
7			
8			

Silver Plan

Premium Casket	Flowers	Death certificate	Church/Home décor
Hearse	Grave marker/Cross	Removal & Storage	**Grocery voucher - R2 000**
Tent/Mobile freezer/Mobile toilet	Funeral programmes	Graveside décor/setup	

Gold Plan

Premium Casket	Flowers	Death certificate	Church/Home décor
Hearse	Grave marker/Cross	Removal & Storage	**Headstone**
Tent/Mobile freezer/Mobile toilet	Funeral programmes x 50	Graveside décor/setup	

BENEFIT FOR CHILDREN BETWEEN 0 – 13 YEARS:

COFFIN	GRAVE MARKER	FLOWERS	DEATH CERTIFICATE	REMOVAL & STORAGE

BURIAL PLAN OPTION SELECTION

Choose one plan only by ticking under ☑		☑
Member Only 18 - 84 years	Silver - R150.00	
	Gold - R180.00	
Member Only 85 - 94 years	Silver – R190.00	
	Gold – R230.00	
Family (Main member, spouse and up to 6 children) 18 - 84 years	Silver – R240.00	
	Gold – R280.00	
Family + Extended (4 Parents/Grandparent (0 - 84 years) and 4 other Members (0 - 64 years)	Silver – R390.00	
	Gold – R480.00	

BENEFICIARY

NAME	**ALLOCATION**
KHULASIZWE FUNERALS	100%

DEBIT ORDER AUTHORITY:

Given by (name of Accountholder):	
Bank Account Detail	
Bank Name:	
Branch Name and Town:	
Branch Number:	
Account Number:	
Type of Account:	Current (cheque) / Savings / Transmission
Deduction Date:	
Amount:	
Abbreviated Short name to be used:	ZINTSIKAFN

I hereby authorize Zintsika Risk Solutions (Pty) Ltd, on behalf of Khulasizwe Funerals (Pty) Ltd to commence debit order withdrawal from my account on the date of the month selected above and monthly thereafter for the premium applicable for the cover selected.

PREMIUM PAYER'S SIGNATURE **DATE**

DECLARATION:
I declare to the best of my knowledge and belief that the particulars given above are true and correct. I understand and agree that any willful misrepresentation in this application will invalidate any benefit under this Policy and that I undertake to abide by the terms and conditions of the Policy. Safrican Insurance Company Limited shall not be liable for any amount until it has accepted this application and first premium.

**NB: If the participant is over the age limit when joining, the claim will be repudiated and premiums refunded.

MEMBER'S SIGNATURE **DATE**