



KHULASIZWE TOMBSTONE PLAN APPLICATION FORM

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

PRINCIPAL MEMBER'S DETAILS

SURNAME:	FIRST NAMES:	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	

ILITYE PLAN OPTIONS AND SELECTION

Plan Type	Retail Price	Single Member Premium	Family Membership Premium	Select ☒
Silver	R8 000 – R12 000	R92	R126	
Gold	R13 000 – R18 850	R138	R189	
Platinum	R19 000 – R29 000	R184	R252	
Diamond	R29 000 – R39 000	R276	R378	
Double Stone	R33 000 – R39 000	R302	NA	

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 wilful 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