

Application to join Thuso Life and Funeral Plan



PRINCIPAL MEMBER FIRST NAME/S:	_____
PRINCIPAL MEMBER SURNAME:	_____
IDENTITY NUMBER:	_____
POSTAL ADDRESS:	_____
POSTAL ADDRESS:	_____
SUBURB:	_____
TOWN/CITY:	_____
POSTAL CODE:	_____
TELEPHONE AREA CODE:	_____
TELEPHONE NO:	_____
CELLPHONE NO:	_____
MARITAL STATUS:	_____
SPOUSE SURNAME:	_____
SPOUSE FIRST NAME/S:	_____
SPOUSE DATE OF BIRTH:	_____

DEPENDANT'S NAME
AND SURNAME:

DATE OF BIRTH:

1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____

BENEFICIARY NAME: _____
DATE OF BIRTH: _____

WHERE DID YOU HEAR ABOUT THE THUSO PLAN?

Post Office Salesperson TV
Newspaper Friend/Family Other

You may only choose one option from the following plans:

THE THUSO BLUE PLAN
THE THUSO GREEN LIFE PLAN
THE THUSO GOLD LIFE PLAN
THE THUSO PLATINUM LIFE PLAN
THE THUSO ORANGE EXTRA PLAN
THE THUSO SILVER PENSIONER'S PLAN

FOR ONLY R50 PER MONTH
FOR ONLY R100 PER MONTH
FOR ONLY R150 PER MONTH
FOR ONLY R200 PER MONTH
FOR ONLY R80 PER MONTH
FOR ONLY R35 PER MONTH

COMMENCEMENT DATE: _____

PLEASE NOTE:

- Only death arising from accident will be covered within the first 6(six) months of the THUSO plan Funeral benefit
- Maximum entry age for the Principal Member is 60 (sixty) years, except in the case of the Orange Extra Plan and the Silver Pensioner's Plan
- Maximum entry age for Spouse is 70 (seventy) years

- Where a premium is underpaid, the benefit payable in respect of a claim will be reduced in proportion to the underpayment.

- Dependants without date of birth will not be covered.

DECLARATION:

- I declare to the best of my knowledge and belief that the particulars given are true and correct

- I understand and agree that any wilful misrepresentation in this application will invalidate any claim under this Policy, and that I undertake to abide by the terms and conditions of the Policy.

- Safrican shall not be liable for any claim until it has accepted this application and the first premium.

- I am satisfied that the plan chosen by me best suits my needs.

- I am not replacing an existing Life/Funeral Plan with this Policy.

- I have read and understood the Summary of the Thuso Basic Conditions.

- I confirm and accept the terms and conditions of this policy. I understand, accept and consent to the FICA Validation, the Processing of my Information, and the Disclosure and Sharing of my Information, per the terms and conditions.

If you wish to pay by debit order please fill in the bank details:

Name of Bank: _____ Branch code: _____

Branch: _____ Account number: _____

Name of Account holder: _____

Account type: Cheque Savings Transmission

I hereby authorise Phakama on behalf of Safrican Insurance Company Limited to commence a debit order withdrawal from my account on the _____ day of the month (add appropriate date of the month), and monthly thereafter for the premium applicable for the cover selected. I understand that the debit order will be run on the date selected. If for any reason it is not honoured, two withdrawal runs will be done the next month. In the event of this second run being dishonoured, the policy will lapse. I understand it is required that this signed document reaches Phakama offices 10 working days prior to the selected deduction date, if not, the deduction will only qualify for the following calendar month's deductions. In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the preceding ordinary business day. Should the relevant premium rate be adjusted by the Institution as a result of an inflation related increase in subscription/premium/payment rate, I confirm that the adjusted premium rate may be deducted. I agree that although this Authority and Mandate may be cancelled by me by giving you notice in writing of not less than 20 ordinary working days, such cancellation will not cancel the Agreement. I shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you. I acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

The User Abbreviated Name as Registered with the Bank will reflect as follows on your bank account: **SAFRICAN** followed by your policy / membership number.

PRINCIPAL MEMBER SIGNATURE

DATE

AGENT/LINEWALKER NO:

SIGNATURE

For Office use Only

_____	_____
POLICY NO: _____ DATE: _____	