

GRAVE POLICY APPLICATION

SCHEME: **TEL/CELL**

Managed by Insurance Partners FSP35033 – Telkom 021 949 8671 Vox Tel: 0878083007 Fax: 021- 948 9815 / 0866280359

BESONDERHEDE VAN POLIS (merk waar van toepassing) PARTICULARS OF POLICY (tick where applicable)				PREMIE-SAMESTELLING SUMMARY OF PREMIUM	
KATEGORIE CATEGORY	Gesin / Family	Single / Enkel	DEKKING COVER	R 6000.00	
INTREE-OUDE ENTRY AGE	18 - 64	65 - 74	75 - 84	85 - 94	
<u>INTREE PERIODE/INCEPTION PERIOD</u>					
6 months for member below 75 years, and 12 months for members above 74 years					
Claims qualify from the 1st month following the last month of the waiting period Eise kwlifiseer vanaf die 1ste maand na die laaste maand van wagperiode.					
				Maandelikse Premie R Monthly Premium _____ Intree-fooie R Entry Fee _____ Intree Premie R Entry Premium _____ <u>Belangrik/Important</u> Hierdie is nie 'n spaarplan nie. Indien u ophou betaal of die kontrak kanselleer verval u dekking en premies. This is not a savings plan. If you stop paying or cancel the contract, you lose your cover and premiums.	

BESONDERHEDE VAN LEDE WAT DEKKING MOET GENIET / PARTICULARS OF MEMBERS TO ENJOY COVER

Hooflid / Principal Member _____

*Identiteitsnommer / Identity Number _____ Geslag/Gender _____

Tel: _____ Sel/Cell: _____ Email: _____

Woon adres / Physical address _____

(merk waar van toepassing) (tick where applicable)	Enkel Single	Wetlik getroud Legally married	Tradisionele of Asiatiese huwelik Traditional or Asian marriage	Saamwonend Living together	Same Sex Relationship	Geskei Divorced
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Gade / Spouse _____

*Identiteitsnommer / Identity Number _____ Geslag/Gender _____

Eie Ongetroude, afhanklike kinders / Own Unmarried, dependent children	ID Geboortedatum / ID Date of Birth
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____

Polis begunstigde / Policy Beneficiary _____

Polis begunstigde / Policy Beneficiary ID Number: _____ Kontak/Contact No: _____

**BELANGRIK: SODRA U POLIS MEER AS EEN MAAND AGTER STALLIG IS BEGIN U MET 'N NUWE WAGPERIODE.
IMPORTANT: AS SOON AS THE POLICY IS MORE THAN ONE MONTH IN ARREARS, YOU START WITH A NEW WAITING PERIOD.**

You have the right to cancel a policy in writing within 30 days after signing the application form and if you have paid a premium that money minus risk & administrative costs must be paid back to you

***IMPORTANT: FULL ID NUMBERS OF ALL APPLICANTS MUST BE SUPPLIED AT POLICY INCEPTION DATE
BELANGRIK: VOLLEDIGE ID NOMMERS VAN ALLE AANSOEKERS MOET VOORSIEN WORD BY POLIS AANVANG**

Ek verklaar ook dat die terme en voorwaardes van hierdie skema aan my verduidelik is, en ek dit verstaan en aanvaar. Ek verklaar verder dat die bostaande inligting deur my verskaf waar en korrek is, en indien enige daarvan onwaar of foutief is, geen eis onder hierdie polis uitbetaal sal word nie.

I also declare that the terms and conditions of this scheme has been explained to that and me I understand and accept it. I further declare that the above information supplied by myself is true and correct and should any of it prove to be incorrect or faulty, no claims will be payable under this policy.

_____ Datum / Date _____ Inception Date _____
AANSOEKER MOET SELF TEKEN / APPLICANT MUST SIGN PERSONALLY