

Application Form / Aansoek Vorm

Tell /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	<input type="checkbox"/> Gesin / Family	<input type="checkbox"/> Single / Enkel	DEKKING COVER	<input type="text" value="R"/>	Maandelikse Premie R Monthly Premium	_____	
INTREE-OUDE ENTRY AGE	<input type="checkbox"/> 14 - 64	<input type="checkbox"/> 65 - 75	<input type="checkbox"/> 76 - 80	<input type="checkbox"/> 81 - 84	<input type="checkbox"/> 85 - 90	Intree-foo Entry Fee	R _____
INTREE PERIODE/INCEPTION PERIOD							
6 Maande/ Months – Natuurlike oorsake/Natural Causes.							
9 Maande/ Months – Natuurlike oorsake/Natural Causes Singles 86 - 90							
1 Maand/Month – Onnatuurlike oorsake/Unnatural causes							
1 Maand/Month – Oorneem polisse/Takeover Policies							
Claims qualify from the 1 st month following the last month of the waiting period							
Eise kwlifiseer vanaf die 1ste maand na die laaste maand van wagperiode.							
Belangrik/Important 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)	<input type="checkbox"/> Enkel Single	<input type="checkbox"/> Wetlik getroud Legally married	<input type="checkbox"/> Tradisionele of Asiatiese huwelik Traditional or Asian marriage	<input type="checkbox"/> Saamwonend Living together	<input type="checkbox"/> Same Sex Relationship	<input type="checkbox"/> Geskei Divorced
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.

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