Application Other Children/ Aansoek Ander kinders

NAAM VAN GROEPSKEMA
NAME OF GROUP SCHEME

Managed by INSURANCE PARTNERS – FSP35033 – Vox Tel: 0878083007 / 021-949 8671 Fax: 021- 948 9815 / 0866280359

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

Polis Voog / Policy Guardian____

Identiteitsnommer / Identity Number ____

Ongetroude, afhanklike kinders / Unmarried, dependent children	Geboortedatum / Date of Birth
1 ________________________________	________________________
2 ________________________________	________________________
3 ________________________________	________________________
4 ________________________________	________________________
5 ________________________________	________________________
6 ________________________________	________________________
7 ________________________________	________________________

***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

Polis begunstigde / Policy Beneficiary ____

Polis begunstigde / Policy Beneficiary ID Number:______________________________

Woon adres / Physical address____

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Alle kinder's onder 18 in die sorg van die Hooflid maar nie eie kinders is nie en vir wie die Hooflid ook nie wettige Aannemings of Voogdy papiere het nie, kan op hierdie aansoekvorm gerapporteer word. Elke kind sal apart op risiko geplaas word en die Hooflid sal per kind aangeslaan word. Dekking tot 'n maksimum van R5000 sal gegee word met risiko's soos van toepassing op hulle ouderdomme.

All children under 18 in the care of the Man member but who are not own children for whom the Main member has legal Adoption or Guardians papers can be reported on this form. Each child will be placed on risk separately and the Main member will pay per child. Cover to a maximum of R5000 will be given with risks applicable to their ages.

Ek, die ondergetekende aansoeker, verklaar dat die nodige openbaarmakings aan my bekend gemaak is. 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, the undersigned applicant, declare that the necessary disclosures made known to me. I also declare that the terms and conditions of this scheme have been explained to me and that 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	Verteenwoordiger / Agent

AANSOEKER MOET SELF TEKEN / APPLICANT MUST SIGN PERSONALLY

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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

*** Verpligtend/ Compulsory**