

1. POLICY DETAILS

Type of Cover	<input type="checkbox"/> I-Credit Funeral (Single)	<input type="checkbox"/> I-Credit Funeral (Spouse)	<input type="checkbox"/> I-Credit Funeral (Family)
Cover Amount	<input type="checkbox"/> R20,000	<input type="checkbox"/> R30,000	<input type="checkbox"/> R50,000

2. POLICYHOLDER DETAILS

Full Name (as per ID)		Date of Birth (DD / MM / YYYY)	
SA ID / Passport Number	Age	Cellphone Number	
Email Address	Citizenship	Marital Status	
Postal Code	Physical / Postal Address		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other

IMPORTANT: Please attach a certified copy of your South African ID / Passport with this application.

3. BENEFICIARY DETAILS – Main Beneficiary (Person to Receive Payout)

Full Name	Relationship to Policyholder		
Cellphone Number	Email Address		
ID / Passport Number	Date of Birth (DD / MM / YYYY)		

IMPORTANT: Please attach a certified copy of the beneficiary's ID with this application.

4. SPOUSE DETAILS (If Applicable)

Full Name	ID / Passport Number	Date of Birth (DD/MM/YYYY)
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5. CHILDREN (If Applicable – Attach Extra Pages if Needed)

Full Name	ID / Passport Number	Date of Birth

6. EXTENDED FAMILY (If Applicable – Attach Extra Pages if Needed)

Full Name	ID / Passport	Date of Birth	Relationship

7. BANKING DETAILS (For Premium Collection)

Account Holder Name	Bank Name	
Account Number	Branch Code	Debit Order Date (DD / MM / YYYY)
Account Type	<input type="checkbox"/> Savings	<input type="checkbox"/> Cheque <input type="checkbox"/> Transmission

IMPORTANT: An SMS will be sent to the policyholder with a link to approve all debits.

8. HEALTH DECLARATION

Are you aware of any insured person suffering from a terminal illness? Yes No

If Yes, please provide details:

9. DECLARATIONS & CONSENT

All information provided in this form is true, accurate and complete.

I understand and accept the waiting period and all policy exclusions as set out in my Policy Schedule.

I consent to debit order deductions from my nominated bank account as per my policy agreement.

I agree to the processing of my personal information in accordance with the Protection of Personal Information Act (POPIA).

I confirm that I have received financial advice in line with the Financial Advisory and Intermediary Services (FAIS) Act requirements.

10. SIGNATURES

POLICYHOLDER SIGNATURE	DATE (DD / MM / YYYY)	AGENT / INTERMEDIARY SIGNATURE
Sales Agent / Intermediary Name	Agent FSP Number	Agent Date (DD / MM / YYYY)

IMPORTANT NOTES – CLAIMS REQUIREMENTS

- Death from natural causes is covered after the applicable waiting period.
- Accidental death is typically covered immediately from policy commencement.
- Stillborn: ID of mother and an unabridged death certificate from hospital required.
- Unnatural death: Copy of the SAPS police/accident report required.
- Claims require: (1) Completed claim form.
- (2) Certified ID copies of insured & beneficiary.
- (3) Certified Death Certificate & ID of deceased.
- (4) Proof of banking details. See Policy Schedule.