Fraqur 143 cc t/a

THE INTERNATIONAL Funeral Society & Undertakers

152 KLOPPER STREET
RUSTENBURG 0300
P.O. Box 122
RUSTENBURG 0300

Tel: (014) 592 9333

FSP 9348 · Reg. No: 2010/088394/23

APPLICATION FORM

82658

A. PERSONAL DETAILS

Initail Funeral Value R.....

POLICY NUMBER: .....

TYPE OF POLICY: .....

Initial Cash Value R.....

1. Surname:..... 2. First Names.....

3. Title MR ☐ MRS ☐ MISS ☐ 4. Marital Status Married ☐ Single ☐ 5. Geslag: M ☐ F ☐

6. ID No: ☐☐☐☐☐☐☐☐☐☐☐☐☐ 7. D.O.B (YYMMDD) ☐☐☐☐☐☐ 8. Age: ☐☐

9. Address: ..... 10. Home Tel No:.....

..... 11. Cell No:.....

B. POLICY INFORMATION:

12. Payment: Stop Order ☐ Cash ☐ Bank Debit Order ☐ Teba ☐ 13. TOTAL PREMIUM.....

C. FAMILY DETAILS:

14. Spouse Surname:..... 15. First Names:.....

16. Sex: M ☐ F ☐ 17. ID No: ☐☐☐☐☐☐☐☐☐☐☐☐☐ 18. D.O.B (YYMMDD) ☐☐☐☐☐☐

19. Age: ☐☐

ELIGIBLE CHILDREN

Surname	First Names	D.O.B (YYMMDD						Age	Sex M	Sex F

D. MAXIMUM AGE AT INCEPTION/RESUPMTION (AFTER LAPSING) FOR MAIN MEMBER AND SPOUSE ARE :

PLAN	MAXIMUM AGE AT INCEPTION	PLAN	MAXIMUM AGE AT INCEPTION
EXECUTIVE PLAN	59	SINGLE PARENT PLAN	69
BUDGET PLAN	59		
ELITE SUPER FUNERAL PLAN	59	EXTENDED MEMBERS	69
FAMILY INCOME PLAN	59		
CASH PROVIDER A	59	CASH PROVIDER C	80

21. Have you read the rules and conditions on the back of the application form? Y ☐ N ☐

22. Beneficiary:..... Relation:.....

23. ID No: ☐☐☐☐☐☐☐☐☐☐☐☐☐

24. Does any of the applicants already have a policy at The International Funeral Society (TIFS)? Y ☐ N ☐ Policy No:.....

NOTE: If you exceed the maximum cover the rules in Point 9 of the Conditions will apply

E. DECLARATION

I, the undersigned, hereby declare that I understand the above questions, and that all information given, is true and I understand that any false information or non-disclosure can result in a claim not being paid and all premiums forfeited.

Signaed at..... on this ..... day of .....20.....

SIGNATURE OF MAIN MEMEBER

OFFICE USE: Name of Representative.....CODE:.....
Basic Premium:.....DEP.PREMIUM:.....
Receipt Date:.....Receipt No:.....Total Premium:.....
Checked by:.....Date:.....

UNDERWRITTEN BY SAFRICAN
NOV.2015