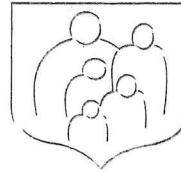




Fragur 143 cc t/a

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

Initial 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	F

D. MAXIMUM AGE AT INCEPTION/RESUMPTION (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	EXTENDED MEMBERS	69
ELITE SUPER FUNERAL PLAN	59	CASH PROVIDER C	80
FAMILY INCOME PLAN	59		
CASH PROVIDER A	59		

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.

Signed 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