



SANTACO

Funeral Policy

APPLICATION FORM



I, the undersigned hereby apply for benefits, as indicated on **SANTACO Funeral Policy** flyer.

New application or **Alteration** on your existing membership **Policy No:** _____

1. PERSONAL DETAILS OF MAIN MEMBER

Title	Full names	Surname										
ID No		Marital Status	Date of Birth									
Physical Address						Postal Address						
Cell No	Tel No (H)				Tel No (O)							
Work Name	Job/Occupation				E-Mail							

2. PERSONAL DETAILS OF SPOUSE

Title	Full names	Surname										
ID No		Date of Birth										

3. DEPENDANT CHILDREN

Names and Surname	Sex	Identity number or Date of Birth	Relationship
1			
2			
3			
4			
5			
6			

4. EXTENDED MEMBERS

Names and Surname	Sex	Identity number or Date of Birth	Relationship
1			
2			
3			
4			
5			
6			

5. BENEFICIARY

Names	Surname	Id no										
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Current Main Member's Age _____ Tax Association name _____

Member Plan **Staff Plan** **Total Premium R** _____

6. DECLARATION

I, the undersigned hereby declare and warrant all information supplied herein, to be true and complete. I am aware, of any non-disclosure or misrepresentation of information which is material to the determination of the risk by SAFRICAN Insurance Company, may lead to the policy being declared null and void, in which case all premiums paid, will be forfeited. I am certain that the product which I am applying for meets my needs and feel that I have all the necessary information in order to make an informed decision in respect of the purchase thereof. I have been advised on the product features, premiums and all its terms and conditions. I was given a flyer which includes product features, premiums and all product terms and conditions. I also confirm that I have read and understood all the terms and conditions. I am fully aware that non payment of premiums will stop the cover and my claims might be declined.

Signature of Main Member: _____ **Date:** ____/____/____