



BEEF APPLICATION FORM

Company:		Employee No:		BRANCH:	
Step 1: PRINCIPAL MEMBER'S DETAILS (POLICY HOLDER)					
FIRST NAME(S):		TITEL:		MISS.	MRS.
SURNAME:		GENDER:		MALE FEMALE	
I.D/PASSPORT NO.		DATE OF BIRTH:		D	M
EMAIL ADDRESS:		MARITAL STATUS:		MARRIED SINGLE	
POSTAL ADDRESS:		AREA CODE:			
CELL NO:		TEL NO:			
WOULD YOU LIKE TO COVER YOURSELF AND YOUR BASIC FAMILY (Included in the R69.38)?					YES NO
Step 2: IMMEDIATE FAMILY' DETAILS (Please provide us with information of your immediate family if applicable)					
RELATION TO MEMBER	FIRST NAME(S):	SURNAME:	I.D/PASSPORT NO.		
SPOUSE					
CHILD 1					
CHILD 2					
CHILD 3					
CHILD 4					
CHILD 5					
WOULD YOU LIKE TO COVER YOUR EXTENDED FAMILY MEMBERS AT AN ADDITIONAL CHARGE?					YES NO
SECTION 3: BENEFIT - EXTENDED FAMILY DETAILS (The premium is calculated per additional person, according to their age at inception)					PLEASE SELECT A PLAN:
FIRST NAME(S):	SURNAME:	I.D/PASSPORT NO.			RELATION TO MEMBER
					EXTENDED
					EXTENDED
					EXTENDED
					EXTENDED
					EXTENDED
					EXTENDED
CATEGORY:	LIVESTOCK DESCRIPTION	EQUIVALENT VOUCHER			
Member	Yes 430 - 450Kg Cow/Bull	R7 000			6 (six) months waiting period for natural causes applies from inception of this policy for the basic family and extended lives up to 86 years. Accidental death excluded. Suicide is excluded for the first 1 years. Basic Family (Principal member, 1st spouse and own children). 2nd Spouse, foster kids not legally adopted, parents, grandparents, brothers, sisters etc. may be covered under the Extended Family Benefit at an additional premium per person insured (Extended family member/s must be covered under the funeral policy). - NO CASH pay-out - only Livestock or Equivalent Voucher. Please see T & C for full details
Spouse (1st only)	Yes 430 - 450Kg Cow/Bull	R7 000			
Child 14 - 21 years	Yes 430 - 450Kg Cow/Bull	R7 000			
Child 6-13 years	Only Voucher Available	R3 500			
Child 1 - 5 years	Only Voucher Available	R1 750			
Child 0 - 11 months	Only Voucher Available	R1 750			
Stillborn	No applicable benefit	No applicable benefit			
Extended Family up to 86 years	Yes 430 - 450Kg Cow/Bull	R7 000			
MONTHLY PREMIUM - Basic Family		R69.38			
MONTHLY PREMIUM - Extended below 65 years		R61.88			
MONTHLY PREMIUM - Extended 65 to 86 years		R73.75			
Step 5: BENEFICIARY (Beneficiary will NOT be covered for funeral plan UNLESS detailed under step 2,3 & 4. Beneficiary should be over 21 yrs.)					
FIRST NAME(S):	SURNAME:	I.D/PASSPORT NO.			Relation to member
I confirm that I understand the full details of the Policy, and that I have been provided with a Summary of the Policy Terms & Conditions. To the best of my knowledge and belief, the particulars given above are true and correct. I understand and agree that any willful misstatement in this application will invalidate any claim or benefit under the policy and I undertake to abide by the terms and conditions of the policy. I hereby give permission to my employer to deduct the relevant premium (payable in advance) as reflected herein from my salary on a monthly basis.					
PRINCIPAL MEMBER'S SIGNATURE			DATE SIGNED BY PRINCIPAL MEMBER		