

Funeral Plan Application

Policy Number

You must complete this form **before** you sign it. You must provide the correct dates of birth of every person you want to cover, and this must be done before any deaths occur. Make sure all the information is accurate or your claim may be Repudiated. You must inform us **immediately** if any information changes and if you want to add or remove a life assured.

POLICYHOLDER

Name:										Surname:										Title:										
ID:															Gender:	Male	☐	Female	☐	Cell:										
Current address used for correspondence: Street:																														
City:										Province:										Postal Code:										
Marital Status:										Work Tel:										Email:										

FAMILY DEPENDENTS

[illegible]**YOUR BENEFICIARY** *(must be 18 years or older)*

Name:	Surname:	Relationship:
Cell:	ID:	

Please SELECT your cover premium option

R 5 000	AGE GROUP	R5 000 1+5	R5 000 1+9		R10 000	AGE GROUP	R10 000 1+5	R10 000 1+9	
	0-64	R190	R240			0-64	R250	R360	
	65-69	R200	R250			65-69	R290	R380	
	70-74	R205	R275			70-74	R335	R409	
R 13 000	AGE GROUP	R13 000 1+5	R13 000 1+9		R15 000	AGE GROUP	R15 000 1+5	R15 000 1+9	
	0-64	R310	R430			0-64	R345	R470	
	65-69	R335	R490			65-69	R370	R530	
	70-74	R385	R575			70-74	R420	R610	
R 18 000	AGE GROUP	R18 000 1+5	R18 000 1+9		R20 000	AGE GROUP	R20 000 1+5	R20 000 1+9	
	0 – 64	R395	R600			0-64	R500	R720	
	65-69	R480	R650			65-69	R580	R750	
	70-74	R575	R770			70-74	R660	R800	

COVER AMOUNT CHOSEN	R	My signature below warrants that I have read the terms and conditions of this contract, that I have completed the information on the application form personally and that I fully understand and agree to abide by the terms and conditions. I authorise the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.
TOTAL PREMIUM CHOSEN	R	
POLICYHOLDER SIGNATURE		I HEREBY CHOOSE TO PAY MY MONTHLY PREMIUM ON THIS DATE __/__/20__

• AN AUTHORISED FINANCIAL SERVICES PROVIDER FSP No. 50088

This product is underwritten by Safrican Life Ltd.

Safican Life Ltd is a licensed financial services provider and life insurer. Company registration no: 1935/007463/06, FSP 15123. Copyright © September 2023 Safican.
All rights reserved. Terms and conditions apply. Version 4.0. Document number: 30000013489

Terms and Conditions

- This insurance cover** is underwritten by **Safican Insurance Company Limited**, a licensed financial services provider and life insurer (Registration number: 1935/007463/06, FSP number: 15123), and is administered by Randmore Funeral Plan (Pty) Ltd, a licensed financial services provider (Registration number: 2018/532833/07, FSP Number: 50088) and who you have appointed Randmore Funeral Plan (Pty) Ltd. Registration number: 2018/532833/07 as an Intermediary to procure and maintain insurance cover for you and all the lives insured under the policy you have taken out, received or applied for. Randmore can also procure insurance cover for you from another insurer and terminate this policy on your (and the other lives insured on this policy) behalf. Your representative will receive commission during the lifetime of your policy with us. The commission may vary depending on the product that you've bought and may also change from time to time.
- The people you can cover on this policy:** You can cover yourself as the policy owner, your spouse and your children (up to four children). You can also cover up to eight extended family members (parents, grandparents, aunts, uncles, cousins, nieces, and nephews) on your policy. You can include additional children on your policy for an extra premium (the number will depend on your plan). Please note that you must be a South African citizen, permanent resident or hold a valid work permit to apply for this policy. Your extended dependants (extended family members) must also be citizens or permanent residents. Your dependants (spouse and children) don't have to be SA citizens or residents. However, if any of your dependants are foreign nationals and don't reside in South Africa, we'll need proof of their identity as well as their full contact details at the start of the policy. If your extended family members are foreign nationals but reside in South Africa, they can be covered, but we'll need a copy of a valid passport for each of them. New-born children must be added within one year of birth, if not added within one year the waiting period will apply as per your policy terms and conditions.
- Maximum entry age:** The maximum entry age on the Family plan for you and your dependents is 84 years and 21 for dependent children (25 if the child is a full-time student) and 84 for your additional extended family members. For member plus the maximum entry age is 74 for 1+5, 1+9 and 1+13 and 84 for your additional extended family.
- Waiting period:** A six month waiting period shall apply from the date the policy commences, in respect of a death due to natural causes, for life insureds less than 74 years old and 75 year and greater. The waiting period on this cover is applicable for you, your dependents, extended family members, any new dependent or extended family, and re-joiners. We count these six months from your policy start date and does not relate to the number of premiums paid. The applicable waiting period will be properly served on receipt by Safican of consecutive premiums. If you apply to re-join the insurer after three months from the date of cancellation/lapse, you will be treated as a new entrant and a new waiting period will apply. No waiting periods will apply if you, your dependents or extended family members were to pass away in an accident as long as the first premium has been paid. If you and any of your current dependents and extended family members were insured with another insurer immediately before 31 days of the start of this policy, then you'll need to complete the duration of the waiting period still outstanding and proof of previous cover is required.
- Maximum cover amounts:** The amount you can be paid out under this policy will depend on the plan you've chosen and the cover amount. Respective of how many policies you have with Safican, it is limited to a maximum rand amount in terms of legislation (R50 000 per life insured at the time of printing this document). Extended family cover may not exceed the amount of cover enjoyed by the principal member. Children may be covered multiple times under the policy, provided such children family members are not nominated more than once by the same principal member under the policy. Children extended family members may not exceed the maximum benefit limit of: R60 000 not exceeded for such Children Extended family members old than 14 years; R30 000 (or any other limit as specified by the Long term Insurance Act is not exceeded for such Children Extended Family members younger than 14 and older than 6 years; and R10 000 (or any other limit as specified by the Long term Insurance Act is not exceeded for such Children Extended Family younger than 6 years old. **Increase of a benefit amount:** A six month waiting period will apply from the date of the benefit increases, to the increased part of the benefit amount only, if the extended family member is less than 74 years old or 75 years and greater.
- Stillbirth:** Stillbirths are covered automatically under the Family Plan only. A stillborn child is one that did not draw breath or show any other signs of life after being delivered, expelled or surgically removed from its mother after the 26th week of pregnancy. This excludes instances where the mother chooses to have an abortion or someone else acting on the mother's behalf chooses to terminate the pregnancy. We will only cover a maximum of two claims for stillbirths. We have the right to ask for additional information to ensure that the claim is valid before we accept the claim.
- General Exclusions:** Safican will not pay your claim in the following circumstances (this applies to any person covered on this policy):
 - ⌚ Suicide or attempted suicide in the first 12 months of the beginning of the policy or cover, whether the person is of sound or unsound mind;
 - ⌚ Participating in any terrorist activity, riot, civil commotion, rebellion or war leading to death;
 - ⌚ Willful and deliberate breaking of any criminal law leading to injury of death;
 - ⌚ Death as a result of nuclear, biological and chemical terrorism and nuclear accidents;
 - ⌚ The death of an unborn child due to the termination of a pregnancy (abortion).
 - ⌚ Providing false or fraudulent information or using fraudulent means or devices when making a claim under the policy;
 - ⌚ If you're no longer legally entitled to live and work in the Republic of South Africa.
- You must provide Randmore Funeral Plan (Pty) Ltd. with accurate information:** Safican may cancel your policy from the start date and will not pay any claims if we find out that you gave false or inaccurate information when applying for this policy. Safican Insurance Company Limited will confirm or validate information requested or provided by the policyholder or beneficiary in order to comply with regulatory requirements.
- How you'll pay your premium:** You can pay your premiums using a debit order, stop order or cash.
- Policy start date:** Your cover will only start on the first day of the current month if we receive premiums between the 1st and 15th day of that month. If we receive premiums after the 15th of that month, it will start on the 1st of the following month. Safican reserves the right to decline your application within 31 days of you applying for cover calculate. A Month is a full calendar month, calculated from date of commencement of a policy.
- Making changes to your policy:** Please contact Randmore Funeral Plan (Pty) Ltd if you would like advice on any changes to your contract or to change your contact information. All changes must be done in writing. It will remain your responsibility to inform us of any changes to your contact details, address, beneficiary or dependents as for communication purposes, we will use what was provided to us at application stage or later.
- Premium guarantee period:** Safican/Randmore guarantees that your premium will stay the same for the first 6 months.
- Premium review:** Safican guarantees that your premium will stay the same during the premium guarantee period. At the end of the premium guarantee period, Safican/Randmore may in their sole and absolute discretion, change your premium at policy anniversary. Randmore Funerals will notify you via SMS when premiums increase. Premiums will only change if Safican/Randmore's view on the factors that influence the cost of providing you with cover differ from what was assumed when the current premium rates were set. This may become necessary as a result of but isn't limited to:
 - ⌚ Expected claims incidences;
 - ⌚ Expected inflation and interest rates; and
 - ⌚ The average and demographics of the insured lives on the product as a whole
 - ⌚ Furthermore, Safican/Randmore reserves the right to appropriately adjust the premiums charged or benefits offered on this policy if:
 - ⌚ Any legislation or regulation (including tax legislation and regulations) is introduced or changed, so that it affects the cost of providing your benefits; or
 - ⌚ The legal interpretation or understanding of any legislation or regulation (including tax legislation or regulations) changes to the extent that it affects the cost of providing your benefits.Safican will not increase your premiums to recover past losses or to enhance expected profits beyond those assumed at the outset of the policy. Randmore Funeral Plan (Pty) Ltd will send you written notice and reasons for any changes to your premium at least 31 days before any changes are applied.
- Cooling off period:** If we have accepted your application and you change your mind, you have 31 days from the start date of your policy to tell us in writing about the changes you want to make or if you want to cancel the policy. If you cancel your policy within this cooling off period, Safican will refund your premium and deduct any charges incurred.
- Your policy will lapse if you don't pay your premiums for two months:** If we don't receive your premium for one month, Randmore will send you an SMS to tell you about this. You will then have until your next premium payment date to pay the arrear premium. During this period, you may not lodge a claim while your policy is in arrears (even if the waiting period has passed). If you don't pay the second or another premium while the first premium is still due, your policy will lapse and you won't be able to claim, even if you pay the arrear premiums hereafter. Randmore Funerals will inform you via SMS when your policy has lapsed.
- Cancelling or replacing your policy:** You or anyone acting on your written authority can cancel the policy by giving us one month's written notice. You will lose all your benefits from the effective date of the cancellation (end of the month in which we received your last premium).
- Reinstatement:** You can reinstate your policy within three months of the last day of the month we received your last premium. You must pay all arrear premiums if you want to reinstate your policy. No new waiting periods will apply for reinstatements. We won't consider claim events that happened while the policy was in arrears and cancelled, even if you pay the arrear premiums and reinstate the policy. If you apply to re-join the Insurer after 3 months from the date of cancellation, you will be treated as a new entrant and a new waiting period will apply. We won't consider claim events that happened while the policy was in arrears and cancelled, even if you pay the arrear premiums as you cannot reinstate the policy after 3 months.
- How to claim from Safican:** In addition to the contents of the policy document, no claims will be acknowledged unless the extended family application was received by Safican. You must submit your valid claims to Randmore Funeral Plan (Pty) Ltd within six months from the date of the claim event. You must give Randmore Funeral Plan (Pty) Ltd all the required documents before Safican can process your claim. Safican reserves the right to request birth registrations or any other official documentation it may deem necessary to verify extended family relationships. Please contact Randmore Funeral Plan (Pty) Ltd, for assistance. Safican might request additional information to validate the claim. You must supply Randmore Funeral Plan (Pty) Ltd with the following standard claim requirements for us to make a valid claim payment:
 - ⌚ A fully completed Safican funeral claim form (to be completed by the beneficiary or policy owner);
 - ⌚ A certified copy of the official Death Certificate issued by the Department of Home Affairs
 - ⌚ A certified copy of the deceased's national identity document or passport;
 - ⌚ A certified copy of the beneficiary's national identity document or passport;

- ⌚ A fully completed SAPS statement in cases where the death was due to unnatural causes and a certificate of release, if applicable
 - ⌚ A notification of death form (BI1663) completed by the doctor who certified the death or an affidavit
 - ⌚ Where applicable, a letter from the funeral parlor confirming that the deceased's remains are with them (must be on a letterhead)
 - ⌚ Other supporting documents (such as proof of marriage or proof of relationship to children) if applicable
 - ⌚ In the case of stillbirth, you need to give Safican a notification of stillbirth (BI1663) or a copy of the antenatal card, or a letter from the hospital, or a letter from your traditional healer
 - ⌚ Proof of banking details of the beneficiary (the person who will receive the pay-out) Any other information Randmore Funeral Plan (Pty) Ltd requires from you.
 - ⌚ If the claim is for a foreign national, a copy a valid passport and a valid work permit (at the time of their death);
 - ⌚ If the claim is for a foreign national who is an extended family member, proof that they were residing in South Africa at the time of their death.
 - ⌚ In the case of a claim for a stillbirth, a **doctor's letter confirming the age of the fetus** (i.e., the number of weeks) at time of the stillbirth.
- After claiming, the Principal member may not automatically replace deceased extended family members with other lives. **Safican will make claim payments within 2 working days of receiving ALL required documentation.** Claim payments can only be made into South African bank accounts. Please note that if you were to pass away, your surviving spouse or your other nominated dependants can choose to carry on with the policy and become the policyholder. They must contact Randmore Funeral Plan (Pty) Ltd within 31 days of your passing if they want to make this change.
- Termination of benefit:** The Extended Family Benefits shall cease on the occurrence of one of more of the following:
 - ⌚ The Principal Member ceasing to be a member of the compulsory scheme, regardless of whether not the Principal Member has died or is disabled, and regardless of whether or not a paid-up policy has been issued or a continuation has been exercised;
 - ⌚ Death of those insured and settlement of their claims;
 - ⌚ Termination or cancellation of the scheme with Safican;
 - ⌚ Dissolution of the Policyholder;
 - ⌚ The Principal Member attaining the cessation Age;
 - ⌚ Premiums in respect of the benefit are not received.

- Continuation of cover:** if you, as the individual policy owner, die, your spouse (if selected) or child (above the age of 18 years) may continue with the policy. We must be notified of the continuation within one month of your death. We'll continue the policy subject to the following conditions:
 - ⌚ Your spouse or child must be registered as the new individual policyholder and/or premium payer, or they must nominate a premium payer;
 - ⌚ A new premium payer may continue paying the premium without affecting the policy. The new premium payer must be:
 - * Your spouse or child over 18 years;
 - * A legal guardian of your children;
 - * Any other person who is an insured life on the policy;
 - * A curator; or trust.
- Complaints:** We hope never to give you any cause for complaint. But if you're ever unhappy with our service or the advice you've received, please contact us on the following details:
Randmore Funeral Plan (Pty) Ltd is your financial services provider, FSP Number: 50088. You can contact them at Tel: 041 023- 0719, Email: admin@randmore.co.za

Safican Insurance Company Limited a licensed financial services provider and life insurer. FSP 15123, 165 West Street, Sandton, Gauteng, 2146; Telephone: 086 000 7744; For any complaints relating to the advice you've received, please contact us at compliance@Safican.co.za.

If we're still not able to resolve the problem, you can contact these independent industry bodies for help:

The Ombudsman for Long-term Insurance: The ombudsman's role is to mediate between policyholders and life insurers when they have a dispute that they can't resolve in a way that's fair, independent and objective. The provisions of the Long-term Insurance Act guide the ombudsman's decisions.
Private Bag X45, Claremont, 7735 | Claremont Central Building, 6th Floor, 6 Vineyard Road, Claremont, 7700 | info@ombud.co.za | Tel: 021 657 5000 | 0860 10 32 36 | Fax: 021 674 0951

The FAIS Ombud: The FAIS Ombud's role is to mediate fairly and independently between clients and financial services providers on matters to do with financial advice. The Ombud follows the provisions of the Financial Advisory and Intermediary Services Act (FAIS Act).
P.O. Box 74571, Lynnwood Ridge, 0040 | 125 Dallas Avenue Menlyn Central | Waterkloof Glen | Pretoria 0010
| Telephone: 012 762 5000 | 086 066 3247 | Fax: 012 348 3447 | Email: info@faisombud.co.za

Protection of your Personal Information

- We will keep any information – including personal information relating to you, your dependents, lives insured and beneficiaries – supplied to us when applying for your policy, reinstatement or any amendment ("your personal information"), confidential.
- When providing us with your personal information, and information on your dependents, lives insured, and beneficiaries, you must make sure that they have provided you with the appropriate permission to disclose their personal information to us for the purposes set out below and any other related purposes.
- We may collect, collate, process, store and disclose your personal information for the purpose of:
 - ⌚ Administering this policy and for the assessment of any claims.
- Providing relevant information, including your personal information, to contracted third parties who need the information to offer you a service in relation to this policy, provided that the contracted third party agrees to keep the information confidential.

Please note:

- ⌚ We may change this notice from time to time.
- ⌚ You have the right to object to the processing of your personal information.
- ⌚ If you believe that we have used your personal information contrary to applicable law, you must first raise any concerns with us. If you are not satisfied with our process, you have the right to lodge a complaint with the Information Regulator at info@justice.gov.za.

Policy Declaration and Signature

By signing this form, you agree to the terms below:

- You understand and agree that you're applying for funeral cover with Safican Insurance Company Limited and Randmore Funeral Plan (Pty) Ltd as your intermediary. Your policy is also administered by Randmore Funeral Plan (Pty) Ltd. You declare that the information you have provided in this form is accurate and true, whether it is in your handwriting or not. You confirm that you've read and understand the information in this form. You declare that your representative has explained the terms and conditions of your cover and you understand them. You confirm that Safican may validate the information they request and that you've provided, where required. Safican will cancel your policy if any of the information is false or you didn't tell us about some important information.
- You nominate Randmore Funeral Plan (Pty) Ltd as your point of contact for all communication about this policy. You're satisfied that the plan you've chosen best suits your needs and you can afford the monthly funeral insurance premium.
- You agree that the contract is made up of the terms and conditions of the policy, the information in the application form, the policy schedule, and any changes that you might request in future.
- You agree that Safican won't be at risk for any changes that need to be done on your policy and that all changes need to be done in writing and Safican will not be in any risk if changes are not done in writing.
- You agree that Safican will only cover you from the start date of your policy and your policy is subject to waiting periods.
- You agree to nominate a beneficiary that is not a minor child. You also agree to tell Randmore of any changes to your contact details or beneficiary details.
- You agree that if you're entitled to claim, and you don't do so, Safican will keep the benefit for as long as the law requires, while using reasonable attempts to trace you, your estate, your dependents, or your beneficiaries. Safican can use a tracing company to find you, your dependents and your beneficiaries. Safican can also use other methods, including using internal and external databases such as credit bureaus and the Department of Home Affairs to find you. You agree that by giving Safican the personal information for your dependents and beneficiaries, they also give Safican consent to share their personal information with a tracing company or agent in order to assist us with tracing you and them. The money used for tracing you, your dependents and your beneficiaries will be deducted from the benefit payment.
- We won't share or use any personal information collected from this form for any other purpose other than to process your policy application, administer your policy and to consider claims (the permitted purpose). You give us consent to record, keep and share your information for these purposes. We must comply with all industry regulations and legislation applicable to Safican's business and products. We will at all times comply with industry regulations in the way we receive, store and share your information.

Are you replacing an existing funeral policy with this policy? Yes ☐ No ☐

Signature of POLICYHOLDER

CLIENT NAME & SURNAME

I hereby acknowledge and accept that I have read and understood the Terms & Conditions as set out.



RANDMORE FUNERAL PLAN (PTY) LTD – FSP 50088 - DISCLOSURE DOCUMENT/RECORD OF ADVICE



P.O. Box 12081
Centrahil
PORTELIZABETH
6006

Tel: 041 023 0719
Fax: 086 416 3427
WhatsApp: 082 659 4445
E-mail: admin@randmore.co.za

1ST Floor University Chambers
26 Bird Street, Central
PORTELIZABETH
6001

I, _____, ID/Passport number _____, am a Representative / Representative Working Under Supervision of the above authorised financial services provider. I have been in financial services since _____. I am authorised to render financial services in Category I sub-categories LONG-TERM A. I am trained and authorised to market and sell the **Randmore FUNERAL PLAN (Pty) Ltd, underwritten by Safrican Life Ltd.**

Client Name & Surname		ID																	
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SINGLE NEED IDENTIFIED AND FULL ANALYSIS WAS NOT UNDERTAKEN

You have identified the financial need for a funeral product to cover your family members at the cheapest possible rate. Therefore, **a financial analysis was not conducted.** Please take into account the following important considerations:

1. A full analysis of your financial objectives, financial situation and particular needs were not undertaken;
2. There may be limitations on the appropriateness of the product accepted by you;
3. That you must take particular care to consider on its own whether the advice is appropriate considering your own objectives, financial situation and particular needs.

Product Provider / Insurer	Underwritten by Safrican Insurance Company Limited
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Kindly refer to the quote, annexure or policy document for information on the Product Supplier and Administrator: name, physical and postal address, telephone details, name and contact details of their compliance department. No product provider holds 10% or more shareholding in this FSP and none are associated companies of this FSP.

Policy No:	RM	Monthly Premium:		Deduction Date:	
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The FSP did earn more than 30% of its total commission during the last financial year from _____. We earn an income from commission that the Product Provider pays over to us on the products purchased by our clients. Fees and commission will be disclosed in the marketing material or application form. We always strive to **Treat our Customers Fairly (TCF)**. We have implemented a TCF policy and the policy is available on request.

The FSP does hold professional Indemnity Cover. The FSP compliance is outsourced to an external compliance practice, Key Consulting represented by Leanne Morgan who can be contacted on fax 086 633 0647 or leanne@keycompliance.co.za. If you feel that your rights have been prejudiced, or you have been aggrieved in any way by a financial loss or you have been treated unfairly by the FSP, **you have the right to lodge a complaint.** Our complaints procedure is available on request and will be provided to you if you ever lodge a formal written complaint.

As a client, no provider may request or induce you in any manner to waiver any right or benefit conferred on you by, or in terms of, any provision of the FAIS Act and Code of Conduct.

The **Protection of Personal Information (POPI) Act** requires us to inform you how we use, disclose and destroy personal information we obtain from you. During the course of rendering services to you we will come into possession of confidential information. It is our undertaking that we will not impart this information to any third parties, unless required to provide you with appropriate advice and intermediary services, or with your specific permission or if required to do so by law.

REPLACEMENT

Have you cancelled any policies in the last 4 months, or will you cancel an existing policy as a result of this advice? If yes, the advisor MUST complete and request you to sign a replacement advice record.	YES	NO
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ANNUAL REVIEW

Do you require an annual review of this product or is this a once off transaction? If you require a review, this will be annually and you must contact the representative if you require any assistance during the year.	YES	NO
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I confirm that I have been properly advised of the full implications of my actions and have considered the same. The advisor gave me the relevant product disclosures which included the benefits, exclusions, contributions AND waiting periods.

CLIENT SIGNATURE	DATE
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I declare that the record of advice is an accurate reflection of the single need identified by the client for themselves. I confirm that all documents were completed and signed by the client and that the client did not sign any blank documentation.

REP SIGNATURE	DATE
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A copy of this document is for you, THE CLIENT, to keep for future reference.

How would you like to pay for your funeral cover (tick the relevant option)?									
Payment method	☐ Stop Order	☐ Private Stop Order	☐ Debit Order	☐ Cash					
Please fill in the relevant section below									
Stop order (persal code: 0321)									
Full name of authorised person				National identification number					
Monthly amount				Your payday					
Employer's name				Your employee code/salary number					
Pay station				Deduction start date					
Policy number	R	M							

You hereby instruct your employer to deduct your monthly premium from your salary to give to **Safrican Life Ltd, FSP 15123** as per the details provided here.
Should the premium be adjusted by African Life Limited as a result of a general increase or decrease in rate or should you request the insurer to increase or decrease your premium for certain reasons, you confirm that the adjusted premium may be deducted from your salary, until you cancel this authorisation in writing.

Authorised person's signature:				Date	D	D	M	M	Y	Y	Y	Y
Email address				Cellphone number								

Debit order												
Name of bank				Account-holder								
Account number				Branch name								
Account type	☐ Current	☐ Savings	Preferred debit order day?	☐ 1	☐ 7	☐ 15	☐ 25	☐ 26	☐ 27	☐ 28	☐ 30/31	
Branch code												
Email Address				Cell Phone								

You give African permission to instruct your bank to collect premiums from the bank account above, or any other bank you might transfer to in future.

You agree to the following conditions:

- We'll never debit more money from your bank account than the premiums you've agreed to in your contract with us;
- You understand that the bank will treat African's payment instructions as if you've issued them;
- We'll debit your account monthly on your chosen debit order date. If the payment day falls on a Sunday or a recognised South African public holiday, we'll debit your account on the next business;
- The start date of this instruction is subject to the activation of your policy;
- The withdrawals you've authorised will be processed through a computerized system provided by South African banks;
- The details of each withdrawal will be printed on your bank statement, with your policy number as a reference.

The abbreviated name that reflects
on your statement will be:

Debit order payment authorisation

Signature of account holder				Date	D	D	M	M	Y	Y	Y	Y
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You must end this authority in writing

This authority will be valid until you end it in writing –

- By registered post: PostNetSuite #280, Private Bag 30500, Houghton, Gauteng, 2041
- By hand delivery: 165 West Street, Sandton, Gauteng, 2146

You must give us at least 20 ordinary working days' notice before ending this authority.

Ending this authority does not end our agreement with you

If you cancel this agreement, you understand that:

- Cancelling this authority and mandate will not cancel our agreement;
- If you legally owe us money, you won't be entitled to any refund of any amounts that we've debited while this authority was in force.

If our agreement with you is transferred (ceded or assigned) to a third party, this authority will be transferred too

You acknowledge that, if we cede or assign our agreement with you to a third party, this authority and mandate will also be ceded or assigned to the third party. This authority and mandate can only be assigned to a third party if the agreement between us has also been assigned to that party.