



MALI YAMI
EMPIRE
FUNERAL COVER



PONTO MPOLOKE

Premium

FUNERAL PLAN MEMBERSHIP FORM

Branch Address

Office Line
087 132 6992

750 Ligebe Street
Daveyton
1520
Email:info@agcta.co.za

Monthly Premium A

R

Extended Premium B

R

Application Fee C

R 2.00

Total Payment Fee

R

By my Signature, I agree to pay
above my first premium, and
monthly premium thereafter

Agent
Name

Website Referral

Agent
Code

M 100

POLICY
NUMBER

1. Policyholder Details

Surname																First Name/s																																															
Title																ID Number																Date of Birth																D	D	M	M	Y	Y	Y	Y								
Spouse Surname																First Name/s																Date of Birth																D	D	M	M	Y	Y	Y	Y								
Title																ID Number																Date of Birth																D	D	M	M	Y	Y	Y	Y								
Residential Address																Postal Address																Postal Code																Postal Code															
Contact No. Home																Work																Cell																															
Email																Monthly Premium																A	R																														
Inception Date																D	D	M	M	Y	Y	Y	Y																																								

2. Unmarried Dependant Children Details (Maximum of six nominations per application)

Full Names (Surname First)																Relationship																ID Number or Date of Birth																
1																																																
2																																																
3																																																
4																																																
5																																																
6																																																

3. Extended Family Details (Maximum of four nominations)

Full Names (Surname First) and Relationship																ID Number or Date of Birth																Cover																Monthly Premium																								
1																	Y	Y	M	M	D	D																	R																	R																
2																	Y	Y	M	M	D	D																	R																	R																
3																	Y	Y	M	M	D	D																	R																	R																
4																	Y	Y	M	M	D	D																	R																	R																
Total Monthly Premium																A	+	B	=	R																	Total	B	R																																	

4. Nominated Beneficiary

Full Names (Surname First)																Relationship																																							
Title																ID Number																Date of Birth																D	D	M	M	Y	Y	Y	Y

5. Method of Payment

Please tick <input checked="" type="checkbox"/> one choice of payment																Cash																Debit Order																Persal																Date of First Deduction																D	D	M	M	Y	Y	Y	Y																																								
BANK/ DEBIT ORDER AUTHORISATION																Please debit my account on the following day of each month (please tick appopriate block)																1st																5th																15th																20th																25th																30th															
Bank Name																Branch Name																Branch Code																Town																																																																															
Account No.																Account Type																																																																																																															
Account Holder																Signature																																																																																																															
EMPLOYMENT DETAILS/ AUTHORISATION																Employer																Salary																R																																																																															
Persal No.																Paypoint																Premium																R																																																																															
Persal Holder																Persal Holder Signature																																																																																																															

I, the undersigned, hereby authorise the Accounting Officer of the Department of _____ to deduct a premium of R _____ from my salary on a monthly basis and remit it to Mali Yami Empire (Ponto Mpoloke) Funeral Cover under the management of Tau Wealth from which I have obtained an insurance policy, until such time as I cancel this authorisation in writing or until I substitute it with a new authorisation. Should the relevant premium be adjusted by Mali Yami Empire (Ponto Mpoloke) Funeral Cover as a result of a general contractual increase/ decrease in the premium, or should I request Mali Yami Empire (Ponto Mpoloke) Funeral Cover to increase/ decrease the premium for certain reasons. I hereby grant permission that the adjusted premium may be deducted from my salary until such time as I cancel this authorisation in writing or substitute it with a new authorization.

6. Declaration of Understanding

I, the undersigned, hereby declare and warrant that any and all information supplied here in, is true and complete. I am aware, and non-disclosure or misrepresentation of information that is material to the determination of the risk by Mali Yami Empire (Ponto Mpoloke) Funeral Cover under the management of Tau Wealth may lead to the policy being declared null and void, in which case all premiums/ fees paid will be forfeit-ed. I hereby authorise Mali Yami Empire (Ponto Mpoloke) Funeral Cover or its authorised representative to draw against my account, the premium payable under the above plan from time to time, and I request my bank to debit my account in terms of this order. This request will remain in force until cancelled by me writing. Hereby irrevocably authorise Mali Yami Empire (Ponto Mpoloke) Funeral Cover or its authorised representative to obtain at any time verifications of my account details from my bank. I confirm that the "RULES, TERM AND CONDITIONS" stated on the reverse side of this page have been explained to me. I understand them and I accept them as part of this agreement. I acknowledge and consent that Mali Yami Empire (Ponto Mpoloke) Funeral Cover or its authorised representative can collect my premiums.

Intermediary's Signature																Account holder's Signature																Policyholder's Signature																Date																D	D	M	M	Y	Y	Y	Y
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Mali Yami Cash Funeral Bank Details

Name of Bank: Standard Bank
Account Holder: Mali Yami Group
Account Number: 10221610500
Branch Code: 051001



Reference Number: ID Number

[illegible]