



FUNERAL PLAN MEMBERSHIP FORM

**MALI YAMI
EMPIRE
FUNERAL COVER**
safriCAN
Live the Legacy

Branch Address

 750 Ligebe Street
 Daveyton
 1520
 Email:info@agcta.co.za
Office Line
087 132 6992

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 thereafterAgent
Name

Website Referral

Agent
Code

M 100

POLICY
NUMBER

1. Policyholder Details

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

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		ID Number or Date of Birth											
Title		ID Number		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	
BANK/ DEBIT ORDER AUTHORISATION		Please debit my account on the following day of each month (please tick appropriate block)						1st	5th	15th	20th	25th	30th				
Bank Name		Branch Name		Branch Code		Town											
Account No.						Account Type											
Account Holder				Signature													
EMPLOYEMENT 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

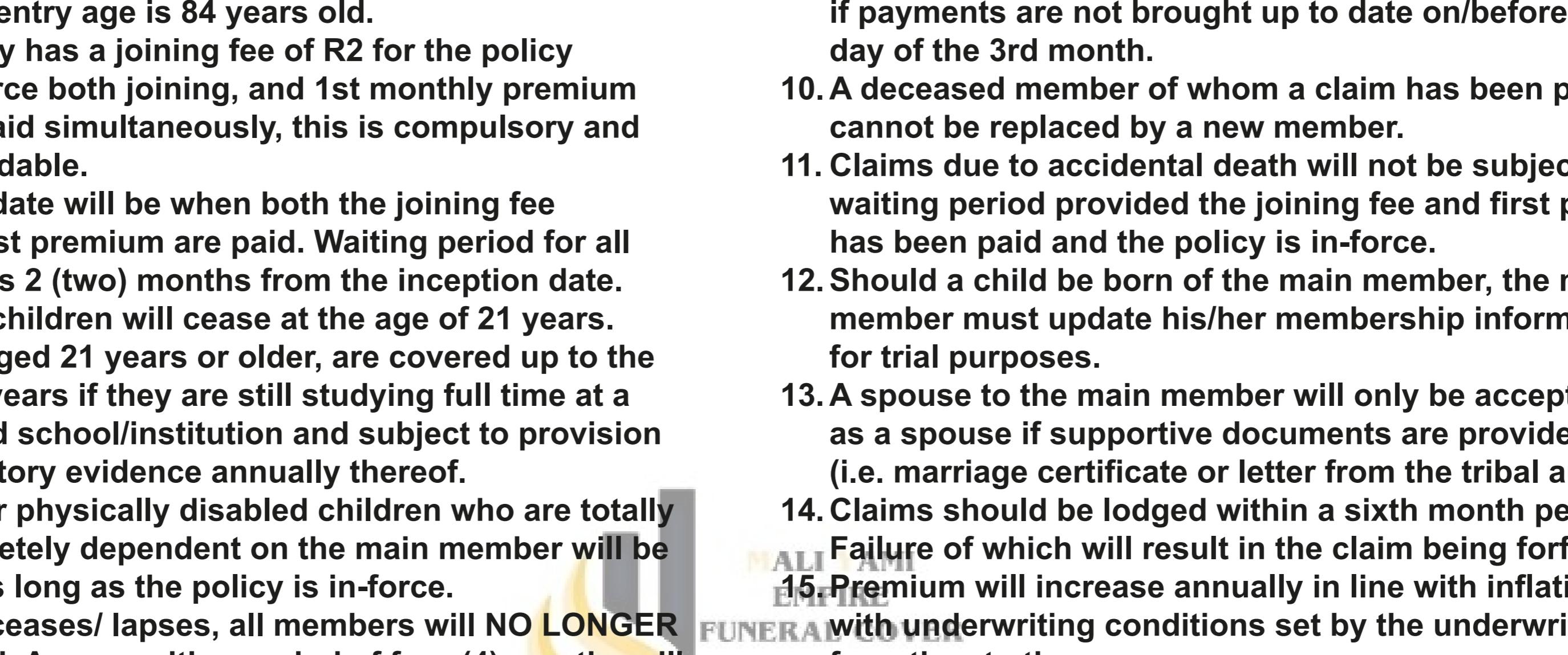
Account Number: 10221610500

Branch Code: 051001



Reference Number: ID Number

Terms and Conditions



1. No medical examination required.
2. Minimum entry age is 18 years old.
3. Maximum entry age is 84 years old.
4. Each policy has a joining fee of R2 for the policy to be in force both joining, and 1st monthly premium must be paid simultaneously, this is compulsory and non-refundable.
5. Inception date will be when both the joining fee and the first premium are paid. Waiting period for all members is 2 (two) months from the inception date.
6. Cover for children will cease at the age of 21 years. Children aged 21 years or older, are covered up to the age of 25 years if they are still studying full time at a recognised school/institution and subject to provision of satisfactory evidence annually thereof.
7. Mentally or physically disabled children who are totally and completely dependent on the main member will be covered as long as the policy is in-force.
8. If a cover ceases/ lapses, all members will NO LONGER be covered. A new waiting period of four (4) months will be applicable to all reinstating policy.
9. Payment must be made on//before the 15th of each and every month. Cover will cease/lapse automatically, if payments are not brought up to date on/before the 15th day of the 3rd month.
10. A deceased member of whom a claim has been paid cannot be replaced by a new member.
11. Claims due to accidental death will not be subject to waiting period provided the joining fee and first premium has been paid and the policy is in-force.
12. Should a child be born of the main member, the main member must update his/her membership information for trial purposes.
13. A spouse to the main member will only be accepted as a spouse if supportive documents are provided (i.e. marriage certificate or letter from the tribal authorities).
14. Claims should be lodged within a sixth month period. Failure of which will result in the claim being forfeited.
15. Premium will increase annually in line with inflation and with underwriting conditions set by the underwriter from time to time.
16. Additional charges will apply to extended members.
17. Suicide will be excluded for the first 12 months.

I hereby apply for the Mali Yami Empire Funeral Cover under the management of Tau Wealth with the conditions and exclusions of the plan as set out in this application form and policy document. I understand that a policy summary including my personal details, chosen benefits and claims procedures will be given to me in accordance with the policy agreement. A member has thirty (30) days to cancel this policy from date of receipt. Any payment that has been received will NOT be refunded due to the administration fee incurred by Mali Yami Empire Funeral Cover. Please note that the irregular payment of premiums could result in the lapsing of this policy.

I, the undersigned hereby declare and warrant that all information supplied herein is true, correct and completed. I am aware and understand any non-disclosure or misrepresentation of information which is material to the determination of the risk Mali Yami Empire Funeral Cover Ltd shall entitle Tau Wealth to cancel the policy and repudiate any liability in terms of the policy, in which case all premiums paid shall be forfeited. I am certain that the product which I am applying for, meets the 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 read and accepted the terms and conditions of the scheme/policy and I am aware that the cover will commence as per the starting date written on this form.

IMPORTANT WARNING: It is very important that you are quite sure that the product meets your needs and that you feel you have all information you need before you make a decision. Please ensure that the Application Form is fully completed. Feel free to make notes regarding verbal information and to ask written confirmation or copies of documents.

Signature of Main Member

1. **What is the primary purpose of the study?** (10 points)

Date D D M M M Y Y Y Y

Name _____

AGENT INFORMATION

Full Name(s) _____

I am an appointed agent representative and represent **Mali Yami Empire Funeral Cover** managed by **Tau Wealth (Pty) Ltd**(an authorised Financial Service Provider by the Financial Service Board in terms of the Financial Advisory and Intermediary Service Act. No.37 of 2002), FSP no: 48034. I confirm that I have fully explained to the main member of the funeral service plan offered by **Mali Yami Empire Funeral Cover** in respect of the benefit in accordance with the prescripts of the general code of conduct for authorised financial service providers and representatives.

Agent Contact Number: