



**APPLICATION FOR VOLUNTARY FUNERAL ASSURANCE
WITH EXTENDED FAMILY BENEFITS**

MEMBERSHIP: 0 - 74 YEARS (1 main member + 9 dependants)

Product Image: ZEBRA

Membership Inception date:

Name of Company or Funeral Scheme Ventimes (Plan No: P020596)

Main Member : 18 - 64 years (not older than 64 years)

NAMES		SURNAME:	DATE JOINED	
DATE OF BIRTH:		SOUTH AFRICAN IDENTITY NO:	TELEPHONE NO:	
PHYSICAL ADDRESS:			CODE	
	NAME	SURNAME	I.D OR DATE OF BIRTH	FUNERAL BENEFIT
1				R20 000,00
2				R20 000,00
3				R20 000,00
4				R20 000,00
5				R20 000,00
6				R20 000,00
7				R20 000,00
8				R20 000,00
9				R20 000,00
TOTAL PREMIUM				R555,60

DECLARATION

I declare to the best of my knowledge and belief that the particulars given above are true and correct. I understand and agree that any willful misrepresentation in this application will invalidate any benefit under this Policy and that I undertake to abide by the terms and conditions of the Policy. Safrican shall not be liable for any amount until it has accepted this application and first premium. If over age when joining, the claim will be repudiated and premiums refunded.

Benefits : death (R20 000), Accidental death (R20 000), Grocery (R12 000), Memorial for Main member(R10 000), Memorial for Partner/spouse (R10 000). Children under six years are covered for R10 000,00. There is no waiting period for accidental death benefit . There is a six month waiting period for death due to natural causes for all members .

BENEFICIARY : -----**ID NUMBER**-----**CELL**

RELATIONSHIP : -----

PRINCIPAL MEMBER'S SIGNATURE _____ **DATE:** _____

All products are underwritten by SAFRICAN .