



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

New Application  MEMBERSHIP: 0 - 74 YEARS ( 1 Main member + 9 members) Product Image : LEOPARD

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
<b>TOTAL PREMIUM</b>					<b>R480,00</b>

**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 : Children under six years are covered for R10 000,00. The rest of the members are each covered for R20 000,00

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

RELATIONSHIP :-----

PRINCIPAL MEMBER'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

All products are underwritten by SAFRICAN