

Child/Dependent 4

Full Names:

Surname:

Date of Birth: ID Number:

Gender:

Child/Dependent 5

Full Names:

Surname:

Date of Birth: ID Number:

Gender:

BENEFICIARY INFORMATION

Full Names:

Surname:

Date of Birth: Title: Initials:

ID Number: Cell:

Work: Home/Alternative No:

Address:

Email: Code:

Salary Date: Employee Number:

FUNERAL COVER OPTION

SINGLE MEMBER PLAN - (Maximum Aged 64 Years)

Plan	R10 000	R20 000	R30 000
Cover:	R10 000.00	R20 000.00	R30 000.00
Premium	R25.00	R40.00	R52.00
Mark with X			
Premium	R		

SINGLE MEMBER PLAN - (Maximum Aged 65 to 74)

Plan	R10 000	R15 000	R20 000
Cover:	R10 000.00	R15 000.00	R20 000.00
Premium	R48.00	R66.00	R88.00
Mark with X			
Premium	R		

DECLARATION

I, the undersigned, understand, agree and, where applicable, declare that:

- The Insurer serves the right to defer a claim under this Policy should any information provided by the insured or his/her agent be false (the insurer may also take legal action against the Insured and claim any benefit that was paid) if such false information had a material impact on the risk assessment under the Policy;
- If a claim is repudiated due to the existence of one or more Pre-Existing Conditions, all premiums will be forfeited;
- An application for insurance on my life has never been declined or accepted on special terms by any insurance company;
- All the information supplied in connection with this Policy, whether in my/our handwriting or not, is true and complete and forms the basis of the Policy;
- I understand that the Master Policy, which can be requested, and any endorsements duly authorised by insurer set out the full provision under which this Policy underwritten.
- I note the 6 (six) months waiting period for covered Insured individuals from the age they apply or from the date of reinstatement of the Policy. During the waiting period only claims arising from unnatural causes, excluding suicide, will qualify for the stated benefit;
- I understand and accept that my right to privacy may be infringed to the extent permitted by me in this authorisation, and I hereby waive such right to that extent;
- Should circumstances change so that my answers are no longer valid, this information shall be forwarded to the Administrator, and I understand that failure to do so may invalidate cover under the Policy;
- I have not been subjected to any coercion or inducement in applying for this Policy;
- The Policy benefits will be paid to Myself or the Beneficiary, should these options not be available, the funds will be payable as per the Master Policy or current legislation;
- Am aware that the Insurer underwrites this Policy.

The Insurer and Intermediary warrants that all the personal information above will only be processed and shared for purposes of giving effect to this application. It may however be used to keep me informed about other insurance products with my consent.

I consent to being contacted by the Insurer/Intermediary or its affiliates for marketing purposes.

I confirm that:

- I have read and understood the Terms and Conditions as detailed on this form;
- I consent to my personal information being processed and shared for these purposes;
- I have the consent of all the adult lives assured for their personal information to be processed and shared;
- I am legally competent to consent to the personal information of children under 18 being so processed and shared.

Signature

DEBIT ORDER MANDATE

I, _____ (Id number: _____), herewith confirm the following:

- I/We have taken the Credit Gateway Funeral Cover;
- I/We confirm that Credit Gateway may debit the below nominated bank account until such time that my employer start a payroll deduction to ensure cover under this policy;
- I/We agree that should a debit order and payroll deduction incur in the same month, that the debit order received by Credit Gateway will be refunded into the below nominated bank account;
- I/We agree that the monthly premium amount is a fixed recurring amount of R_____;
- I/We confirm that the below nominated South African bank account may be debited monthly and the first deduction date will be on _____.

Name & Surname: _____

Physical Address: _____

ID Number: _____

Contact Number: _____

Bank: _____

Account Type: _____

Account Number: _____

Amount: _____

Date Adjustment Rule: Yes Applicable

Payable to beneficiary: Credit Gateway (Pty) Ltd.

Beneficiary Address: 1297 Justice Mahomed Street, Menlo Park, Pretoria 0081

I/We hereby authorise the Beneficiary, as nominated above, to deliver payment instructions to my/our banker for collection against my/our above-mentioned bank or any other bank or branch to which I/we may transfer my/our account. The individual payment instructions so authorised to be issued, must be issued and delivered according to the agreed interval on the date when the obligation in terms of the Agreement is due and the amount of each individual payment instruction will never exceed obligations as agreed to in terms of the Agreements. The payment instructions so authorised to be issued, must carry a reference, which is identifiable below as per the Agreement/Reference.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my bank statement.

The Date Adjustment Rule will be applicable. In the event that the payment day falls on a Sunday or recognised South African public holiday, the payment day will be up to two days preceding the Sunday or public holiday. Payment Instruction due in December may be debited against my account from 7 (seventh) December and/or traced from the 7th (seventh) till my normal selected payment date.

Subsequent payment instructions will continue to be delivered in terms of this authority until the obligations in terms of the Agreement have been paid or until this authority is cancelled by me/us by giving Credit Gateway notice in writing of not less than the interval as indicated on the Authorisation and sent by prepaid registered post or delivered to his/her/its address indicated above.

AUTHORISATION

I/We acknowledge that my/our bank will send an instruction to authenticate this Mandate and should I/we fail to authenticate the Mandate, this payment instruction will be processed in a different payment stream.

TRACKING

If there are insufficient funds in my/our account to meet the obligation, I/we hereby authorise Credit Gateway (Pty) Ltd to track my/our account and re-present the instruction for payment as soon as sufficient funds are available in my account. This authorisation allows for tracking of dates to match with flow of credit at no additional costs to myself/ourselves. I/We authorise the originator to make use of the tracking facility as provided for in the EDO system at no additional cost to and represent the instruction for payment as soon as sufficient funds are available in my account at no additional cost to myself/ourselves.

CANCELLATION

I/We agree that although this authority and mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We also understand that I/We cannot reclaim amounts, which have been withdrawn from my/our account paid in terms of this authority and agreement if such amounts were legally owing to the beneficiary or a contractual party which may be part of the Agreement while this authority was in force. The said Authority and Mandate may be terminated by me/us giving Credit Gateway (Pty) Ltd notice in writing of not less than 20 (twenty) ordinary working days and sent by prepaid registered post or delivered to Credit Gateway (Pty)Ltd address indicated above.

I/We agree that should I/we request cancellation and a refund of the instalment, where this is approved and released to me/us by Credit Gateway (Pty) Ltd or a service provider and I/we dispute the same instalment that legal steps may be taken against me/us to reclaim such amounts and any costs that was incurred, irrespective of legal costs or transactional costs.

ASSIGNMENT

I/We acknowledge that this authority may be ceded or assigned to a third party only if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

AGREEMENT REFERENCE NUMBER

The Agreement Reference number is linked to Client ID number: _____

The Debit Order Reference / Abbreviated Name on your/our bank statements will be:

PM8+CGFUN

Note that the above abbreviation will be followed by your recorded Policy number as communicated to you.

I/We hereby authorise **Credit Gateway (Pty) Ltd** to debit this account

ACCOUNT HOLDER SIGNATURE

DATE