



AVBOB Mutual Assurance Society
Reg: 00050/001 is an authorised Financial Services
Provider in terms of FAIS. FSP 20656

Address: Building D, Irene Link Office Park, 7 Impala
Avenue, Irene Link, Centurion, Pretoria, 0001
PO Box/Posbus 1661 Pretoria 0001
Tel: (012) 303-1000 Fax/Faks: (012) 323-4461
Email: complaints@avbob.co.za



CREDIT GATEWAY

Credit Gateway (Pty) Ltd. ("Administrator")
Reg: 2015/417493/07 is an authorised Financial
Services Provider in terms of FAIS. FSP 49716

Address: 1297 Justice Mahomed Street, Menlo Park,
Pretoria, 0081
Tel: 012 111 1611
Email: info@creditgateway.co.za



ATKV
GTD601

FUNERAL COVER OPTION

SINGLE MEMBER PLAN - MAXIMUM 64 YEARS

Plan	A	B	C
Cover	R10 000.00	R20 000.00	R30 000.00
Premium	R26.50	R53.23	R68.51
Mark with "x"			
Premium	R	R	R

FAMILY PLAN AVBOB - MAXIMUM 64 YEARS

Plan	D	E	F
Cover	R10 000.00	R20 000.00	R30 000.00
Spouse (1)	R10 000.00	R20 000.00	R30 000.00
Child (14-21 years)	R10 000.00	R20 000.00	R30 000.00
Child (6-13 years)	R5 000.00	R10 000.00	R15 000.00
Child (1-5 years)	R5 000.00	R10 000.00	R15 000.00
Child (Stillborn - 11 months)	R2 500.00	R5 000.00	R7 500.00
Premium	R46.64	R84.80	R129.85
Mark with "x"			
Premium	R	R	R

SINGLE MEMBERS AGED 65 TO 74

Plan	G	H	I
Cover	R10 000.00	R15 000.00	R20 000.00
Premium	R50.03	R69.04	R92.05
Mark with "x"			
Premium	R	R	R

SINGLE MEMBERS AGED 75 TO 84

Plan	J	K	L
Cover	R10 000.00	R15 000.00	R20 000.00
Premium	R98.37	R148.56	R197.75
Mark with "x"			
Premium	R	R	R

Total Premium: R

Hereby I agree that I apply for the Credit Gateway membership on my own account and free will and that I accept the terms, conditions, limitations and waiting periods. Non-disclosure may have an influence on any claim. I confirm that I can afford the agreed monthly contribution and the chosen plan is taken without a financial needs analysis being done.

Signature:

Date:

Payment Method: **Debit Order**

Policy Start Date:

MAIN MEMBER INFORMATION

Full Names:

Surname:

Date of Birth: Title: Initials:

ID Number: Cell:

Work: Home/Alternative No:

Address:

Email: Code:

Salary Date: Employee Number:

BENEFICIARY (IF MAIN MEMBER PASSES AWAY)

Full Names:

Surname:

Date of Birth: Title: Initials:

ID Number: Cell:

Work: Home/Alternative No:

Address:

Email: Code:

Salary Date: Employee Number:

Relationship:

BENEFICIARY BANKING DETAILS

Account holder:

Bank name:

Account number: Branch code:

SPOUSE INFORMATION

Full Names:

Surname:

Date of Birth: Title: Initials:

ID Number: Cell:

Work: Home/Alternative No:

CHILDREN AND DEPENDENTS

Child/Dependent 1

Full Names:

Surname:

Date of Birth: ID Number:

Gender:

Child/Dependent 2

Full Names:

Surname:

Date of Birth: ID Number:

Gender:

Child/Dependent 3

Full Names:

Surname:

Date of Birth: ID Number:

Gender:

Child/Dependent 4

Full Names:

Surname:

Date of Birth: ID Number:

Gender:

Child/Dependent 5

Full Names:

Surname:

Date of Birth: ID Number:

Gender:

DECLARATION

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

- The insurer reserves the right to defer or decline 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 an 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 provisions under which this Policy is underwritten;
- I note the 6 (six) months waiting period for covered Insured Individuals from the date they apply or from the date of reinstatement of the Policy;
- 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 Administration and I understand that failure to do so may invalidate cover under this Policy;
- I have been given prior verbal and/or written notice as to the value of the benefits 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;
- I am aware that the Insurer underwrites the 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 so processed and shared;
- I am legally competent to consent to the personal information of children under 18 being so processed and shared.

Signature:

Date:

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 _____.

A. Authority

Contact Details

Name and Surname

ID Number

Bank Name

Branch Name

Bank Code

Account Number

Account Type

Amount

Address

Deduction Date

Contract/Agreement Number

Abbreviated Name as Registered with the Bank: {Abbreviated Name}

Beneficiary Address: 47 21ST Street, Menlo Park, Pretoria, 0081.

This signed Authority and Mandate refers to our contract dated

("The Agreement")

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on your next salary or selected deduction date and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows: monthly, bi-monthly, three monthly, six monthly, annually, weekly, bi-weekly (delete that which is not applicable).

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the following ordinary business day.

Payment Instructions due in December may be debited against my account on 15th of December.

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. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this form in Section E before the issuing of any payment instruction.

B. Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

C. 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 shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force if such amounts were legally owing to you.

D. Assignment

I/We acknowledge that this Authority may be ceded or assigned to a third party 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.

E. 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:

CGFUNERAL

Note that the above abbreviation will be followed by your recorded Policy number as communicated. to you, that is linked to above ID Number.

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

Signature:

Date:

FOR OFFICE USE ONLY

Name of agent:
Agent contact no:

Agent Signature:

Application Date: