



Reg 2018/490934/07

APPLICATION FOR MEMBERSHIP:

Member no: _____ Category : _____ Cover Amount: R _____

Entry Date: _____ Cover Date: _____

Risk Premium: R _____

Marketing / Admin fee: R _____

Total Premium: R _____

I hereby accept and authorize a debit order of the above mentioned premium on my bank account.

☐

Sign _____

MEMBERS DETAILS

Surname: _____

Full Names _____

ID Number _____

Address: _____

CODE: _____

Tel No: (C) _____ (E) _____

Preferred language (any of the official S.A. languages) _____

SPOUSES DETAILS If a Common Law spouse, please mark an X in the box

☐

Surname _____

Full Names: _____

I.D Number: _____

REFERRAL Consultant : _____

CHILDRENS DETAILS

1. _____ D.O.B. _____

2. _____ D.O.B. _____

3. _____ D.O.B. _____

4. _____ D.O.B. _____

5. _____ D.O.B. _____

6. _____ D.O.B. _____

CONTRIBUTIONS TO POLICY

CATERGORY	R10 000	R15 000	R20 000	R25 000	R30 000
SINGLE 18-64	R90	R100	R110	R130	R150
FAMILY 18-65	R110	R125	R140	R170	R200
SINGLE 65-74	R120	R140	R170	R210	R240
SINGLE 75-84	R140	R170	R200		
SINGLE 0-18	R40	-	-		



Reg
2018/490934/07

BENEFICIARY DETAILS

Title _____

Initials: _____

Names _____

Surname _____

ID No _____

Relationship: _____

Contact No _____

INDIVIDUAL/ SINGLE MEMBERS DETAILS

Surname _____

Full Names _____

ID Number _____

INDIVIDUAL/ SINGLE MEMBERS DETAILS

Surname _____

Full Names _____

ID Number _____

Declaration: I declare that all statements given in this application are true. I have read and accepted the rules and regulations of the scheme as per the age group master policy and I am aware that the cover will only commence after the applicable waiting periods have expired. Should it come to the attention of UBUNTU BIIG that any of the above information is not accurate, membership under the scheme can be cancelled. Premiums paid will be forfeited and no claims under the Scheme will be considered for payment. I declare that my application for membership under this scheme will not replace any existing insurance on my life. I accept that no death claim resulting from suicide will be considered for payment within the first six months.

Children are covered until they reach age 21, or 26 years if they are full time students or a child who is physically or mentally disabled does not receive a grant, and who is dependent on his/her parents. Only nominated dependents will be considered at claimed stage. A minimum six (6) months waiting period will apply on all policies on all age groups, unnatural causes will enjoy immediate cover. Not receiving a confirmation of payment {receipt in terms of Section 47 of the Long-Term Insurance Act (LTA)} from the person or scheme collecting/receiving the premium in any given month, will serve as a notice of non-payment in terms of Section 52(1) of the LTA. The Master Policy contains the full rules and conditions of this contract. Should there be a discrepancy, the Master Policy will prevail. The rules are in accordance with the provisions of the Long-Term Insurance Act (Act 52 of 1998) and the Master Policy. UBUNTU BIIG (PTY) Ltd | Reg No. 2018/490934/07 | UBUNTU BIIG Is A Juristic Representative of PETRUS FREDERICK SMITH, trading as. Smith Makelaars, an authorised financial services provider, FSP No. 43369, UBUNTU BIIG is Underwritten by AVBOB MUTUAL ASSURANCE SOCIETY. AVBOB Is An Authorised Financial Services Provider, FSP No. 20656.

Signature of Applicant: _____ **Date:** _____

Signature of Accredited Agent: _____ **Date:** _____