



MHLANGAVEZA FAMILY ASSURANCE

Office Address : # 50 Tonnetti Street, Midlink Place, Midrand, 1685 **Postal Address :** P.O.Box 4121, Midrand, 1685

Tel : (011) 805 0451 **Fax :** (086) 602 8025 **Email :** info@mhlangaveza.co.za **Website :** www.mhlangaveza.co.za

Reg # : 2001 / 076232 / 23 **FSP # :** 36121

APPLICATION FORM : FAMILY ASSURANCE

PLAN HOLDER DETAILS : MAIN MEMBER

PLAN CHOSEN : _____

Title	
Name & Surname	
Identity Number	
Contact Number	
Gender	
Address 1	
Town	
Province	
Occupation	
Employer	
Work Telephone	

BANKING DETAILS

Name of Bank	
Account Number	
Debit Date	



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SPOUSE DETAILS

Name of Spouse	
Identity number	

DETAILS OF CHILDREN - 6 MONTHS (WAITING PERIOD)

Family Name & Surname	ID # / Date of Birth	Gender
1		
2		
3		
4		
5		

EXTENDED FAMILY MEMBERS LESS THAN 65YRS (12 MONTHS WAITING PERIOD)

Family Name & Surname	ID # / Date of Birth	Gender
1		
2		

BEEF AMOUNT	OVER AGED AMOUNT
TOTAL	



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OTHER EXTENDED FAMILY MEMBERS -12 MONTHS WAITING PERIOD

Family Name & Surname	ID # / Date of Birth	Gender
1		
2		
3		
4		
5		

BEEF AMOUNT	OVER AGED AMOUNT	EXTRA EXTENDED AMOUNT
TOTAL		

BENEFICIARY

Family Name & Surname	ID # / Date of Birth	Gender
1		
2		



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DECLARATION BY APPLICANT

1. This is to certify that I hereby give **Mhlangaveza Family Assurance** the authority to debit my below mentioned account number every month for my policy.
2. If the policy is unpaid within **30 days** it lapses
3. Six months waiting period applies to the family (**plan holder, spouse & five children**) and Twelve months waiting period applies to all extended family members added on.
4. The burial cover will be paid in 48 hours (2) days once the required claim documents e.g. **ID copy of the beneficiary, death certificate and copy of policy document**, have been received.
5. More extended family members can be added at extra costs.
6. Premiums can be increased from time to time considering the interest rate.
7. All extended family members above 65 years of age must pay an additional amount of:
Plan A R45.00, Plan B R65.00, Plan C R75.00, Plan D R100.00 and Executive Plan R500.00.
8. We also provide private services.
9. ID Copies, birth certificates and salary advice/pay slip of the plan holder are required when joining.
10. I have read and understood the contents of this document and attached documents that form the basis of this application form in order to make an informed decision.

Signature

Amount

Date



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ANNEXURE B

AUTHORITY AND MANDATE FOR NAEDO PAYMENT INSTRUCTIONS : PAPER MANDATE

A. AUTHORITY GIVEN BY:

NAME OF ACCOUNT HOLDER

ADDRESS

BANK NAME

BRANCH NAME AND TOWN

BRANCH NUMBER

ACCOUNT NUMBER

TYPE OF ACCOUNT

DATE

TO : (NAME OF BENEFICIARY / COMPANY)

ABBREVIATED SHORT NAME AS REGISTERED
WITH THE ACQUIRING BANK

CONTRACT REFERENCE NUMBER

ADDRESS

REFER TO OUR CONTRACT DATED

(“the Agreement”)



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I/We hereby authorise _____ to issue and deliver payment instructions to the Beneficiary bank for collection against my/our account at my/our bank on condition that the sum of such payment instructions will never differ from my/our obligations as agreed to in the Agreement. The individual payment instructions so authorised to be issued must be issued and delivered monthly / bimonthly / three-monthly / six-monthly / annually / weekly / bi-weekly* on the date when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not differ as agreed to in terms of the Agreement. *(delete what is not applicable)

The payment instructions so authorised to be issued must include an Agreement number. This number must be included in the said payment instruction. This number must enable you to identify the Agreement.

I/we agree that the first payment instruction will be issued and delivered by the _____ (date) and thereafter regularly ACCORDING TO THE AGREEMENT , * If however, the date of the payment instruction falls on a non-processing day (weekend or public holiday) I agree that the payment instruction may be debited against my account on the following business day Subsequent payment instructions will continue to be delivered in terms of this authority until the obligations in terms of the Agreement have been paid. This authority may be cancelled by me/us by giving you 30 calendar written notice.

B. MANDATE

I/we acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned bank as if the instructions had been issued by me/us personally. I/we agree that although this Authority and Mandate may be cancelled



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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 s were legally owing to you.

C. 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.

Signed _____ on this _____ day of _____ 20 _____

SIGNATURE AS USED FOR OPERATING ON THE ACCOUNT _____

ASSISTED BY FOR OFFICE USE

D. AGREEMENT REFERENCENUMBER

THE AGREEMENT REFERENCE NUMBER IS _____