

POLICY PROPOSAL FORM
INDIVIDUAL



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POLICY NUMBER 7 3 7

DETAILS OF MAIN MEMBER

Title	Initials	First Name	Surname
ID Number	Marital Status	M	S
Cell	Gender	M	F
Postal Address	Postal Code	Network	Cell C
E - Mail	MTN	Telkom Mobile	Vodacom

NOMINATED BENEFICIARY

Title	Initials	First Name	Surname
ID Number			

CHOICE AND DESCRIPTION OF PRODUCT

MAPHUTHA FAMILIES	PLAN A	PLAN B	PLAN C	PLAN D	PLAN E	SUPER 10
	PLAN A+	PLAN B+	PLAN C+	PLAN D+	PLAN E+	SUPER 10+
OTHER						
Total Monthly Premium	R					

A once-off Policy Fee of R175 is payable per member with the first premium

DETAILS OF SPOUSE

Title	Initials	First Name	Surname
ID Number			

DETAILS OF FAMILY MEMBERS (Including Extendeds)

Surname	First Names	Relationship	ID Number	Gender
1.				M F
2.				M F
3.				M F
4.				M F
5.				M F
6.				M F
7.				M F
8.				M F
9.				M F

If you have a spouse, complete only 8 family members

DETAILS OF SALES AGENT

Agent	Sub Agent
Signature	Date

CHOOSE APPLICABLE PAYMENT METHOD:	PERSAL DEDUCTION	DEBIT ORDER	BANK DEPOSIT
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PERSAL DEDUCTION AUTHORISATION

I prefer that my premium be deducted by means of Persal. Should this deduction fail, I authorise Safrican to deduct my premium by means of Debit Order.

I, THE UNDERSIGNED:

Name of Account Holder													
Rank							Station						
ID Number of Account Holder													
Persal No												Department Code	

hereby authorize the Accountant of the Department/Administration of _____ to deduct from my salary each month the premium of R _____ applicable for the cover I have chosen, with effect from (month) _____ 20 _____ and monthly thereafter, and pay this amount to Safrican Insurance Company Limited ("Sfrican") from whom I have obtained a policy, until such time as I cancel this authorization in writing, or until I substitute it with a new authorization.

Should the relevant premium rate be changed by Safrican as a result of an inflation related increase in premium rate, I confirm that the changed premium rate may be deducted from my salary until such time as I cancel this authorization in writing or until I substitute it with a new authorization. In the event of this deduction not being successful, the policy will end, subject to the grace period as described in the Terms and Conditions. No deductions are accepted for arrear or any other premiums. Please note that your policy only starts when your first premium is collected. Please allow sufficient time from submission of your application form to the collection date.

MAIN MEMBER SIGNATURE _____ SIGNED AT _____ THIS _____ DAY OF _____ 20 _____

DEBIT ORDER AUTHORISATION

(when using a cheque account, please attach a cancelled cheque)

Name (Debtor)							Account Holder Contact Number						
ID Number of Account Holder							Address						
Bank					Branch				Branch Code				
Account Number					Type of Account	Cheque	Savings	Transmission	Reference on your bank statement: RAMAPH FIN				
Account Name					Debit Amount			Commencement Date					

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorise you to issue and deliver payment instructions to the bank for collection against my / our abovementioned 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 the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above. The individual payment Instructions so authorised to be issued must be issued and delivered as follows:

- i. On the _____ day ("payment day") of each and every month commencing on _____. In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account;
- ii. Monthly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due;

I / We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. 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.

MANDATE: We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had been issued by me/us personally.

CANCELLATION: 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.

ASSIGNMENT: We acknowledge that this Authority may be ceded to 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.

Signed at _____ on this _____ day of _____ 20 _____

MAIN MEMBER'S SIGNATURE _____ Assisted by: _____

DECLARATION IN RESPECT OF LONG-TERM INSURANCE PRODUCTS

I hereby propose to be a member of Ramaph Group Funeral Scheme and or any other funeral scheme arrangement offered hereunder, in accordance with the terms, conditions and exclusions of the scheme as set out in the quotation and or policy document. I understand that a policy summary, including my personal details, chosen benefits and claims procedures (as intended in Section 48 of the Long-term Insurance Act), will be posted to me. I have 30 (thirty) days from the receipt of the Section 48 summary to cancel this policy. If this policy is cancelled within 30 (thirty) days, any payment that has been received by Ramaph will be refunded less the cost of any risk cover. I'm aware of the waiting periods applicable to this policy.

I, the undersigned, hereby declare and warrant that all information supplied herein, is true and complete. I'm aware, and understand that any non-disclosure or misrepresentation which is material to the determination of the risk by the underwriter, may lead to the policy being declared null and void, in which case all premiums paid, will be forfeited. I'm certain that the product which I'm proposing, meets my needs and feel that I have all the necessary information in order to make an informed decision in respect of the purchase thereof.

The Long-term benefits under this policy are subject to the provisions as set out in the underwriter's Statutes and provisions of the master policy. The policy shall come into force and effect on the inception date provided that the offer for insurance made by me, the Policyholder by way of this policy proposal form, is unconditionally accepted by the underwriter and the first premium payable in terms of the Policy is received by the underwriter

MAIN MEMBER'S SIGNATURE _____ DATE _____