

KGATSO VOLUNTARY BURIAL SCHEME APPLICATION FORM

Policy No: _____

I, the undersigned hereby apply for benefits, as indicated on **Kgatsso Voluntary Burial Scheme** marketing material.

New Policy or **Alteration** on your existing policy

Have you cancelled or do you intend to cancel an existing policy in order to take out this one? **Yes** or **No**

1. PERSONAL DETAILS OF MAIN MEMBER

Title		Full names		Surname	
ID No				Marital Status	Date of Birth
Physical Address			Postal Address		
Cell No		Tel No (H)		Tel No (O)	
Work Name		Job/Occupation		E-Mail	

2. DEPENDANT CHILDREN UNDER 21 YEARS OLD

Names and Surname	Sex	Identity number or Date of Birth	Relationship
1			
2			
3			
4			
5			

3. EXTENDED ADULT MEMBERS ABOVE 21 YEARS OLD

Names and Surname	Sex	Identity number or Date of Birth	Relationship
1			
2			
3			
4			

BENEFICIARY

Names		Surname		Id no	
-------	--	---------	--	-------	--

Current Main Member's Age _____

Province _____

Silver Plan **Gold Plan** **Platinum Plan**

Total Premium R _____

DECLARATION

I, the undersigned hereby declare and warrant all information supplied herein, to be true and complete. I am aware, of any non-disclosure or misrepresentation of information which is material to the determination of the risk by Constantia Insurance Company, may lead to the policy being declared null and void, in which case all premiums paid, will be forfeited. I am certain that the product which I am applying for 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. I have been advised on the product features, premiums and all its terms and conditions. I was given a flyer which includes product features, premiums and all product terms and conditions. I also confirm that I have read and understood all the terms and conditions.

Signature of Main Member: _____

Date: ____/____/____