



SCHEME 01

Funeral Policy Form

Reg. No.: **2004/031250/23**
Underwritten By: RMA
 FSP Number: No. 52758

We will take your loved one anywhere in Africa

POLICY NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	INCEPTION DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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POLICY HOLDER DETAILS

Title: Miss. Ms. Mrs. Mr. Dr. Prof.

Initials: Date Of Birth: / /

First Name:

Surname:

ID/Passport Number:

SPOUSE DETAILS

Title: Miss. Ms. Mrs. Mr. Dr. Prof.

Initials: Date Of Birth: / /

First Name:

Surname:

ID/Passport Number:

DEPENDANTS DETAILS

Name & Surname	ID/Passport Number	Date Of Birth
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CONTACT DETAILS

Address:

Cell: Tel: Email:

NEXT OF KIN DETAILS

Name & Surname: Tel/Cell No.:

TERMS AND CONDITIONS

The following terms and conditions will apply:

- Waiting period is 6 months of consecutive payments.
- Monthly premiums are due by the 7th of every month. Late premiums will attract a R10 fine.
- A default on payments for three consecutive months will result in the policy being cancelled
- Removal around Gauteng is for free of charge
- The doctor's fee is the family's responsibility
- In the event death happens in Zimbabwe branches will facilitate the funeral.
- New Joinings as of 4th November 2019 will not be provided with transport for family member from South Africa our Branches in Zimbabwe will facilitate the funeral.
- Regional Funerals will only cover the deceased with what they are paying for, any extras will be the family's responsibility.
- The client has been advised of Standard Coffins and Caskets.

YES -	NO -	SIGNATURE -
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IN THE EVENT THAT THE POLICY HAS LAPSED OR THE POLICY HOLDER CANCELS THEIR POLICY, NO REFUND IS APPLICABLE.

SCHEME 02

- Joining Fee: None
- Monthly Subscription: R105.00
- Policy Benefits:
 - Raised Open Face Coffin
 - 15 Seater Quantum
 - Promotional Grocery

I do hereby agree that the information provided in this document is correct to my full knowledge.

I have attached the relevant accompanying documents.

I fully understand and agree to the terms and conditions mentioned above.

Name & Surname: _____

Signature: _____ Date: ____/____/20____

OUR BRANCHES

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