

**Ko****Legae**

# FAMILY SCHEME

## APPLICATION FORM

PO Box 3129  
Wilropark  
1731

361 Ontdekkers Road  
Florida Park, Ext 3  
ROODEPOORT  
1709

Tel: (011) 675 0498/9

E-mail: [info@ditirogroup.co.za](mailto:info@ditirogroup.co.za)  
[www.ditirogroup.co.za](http://www.ditirogroup.co.za)

**For Office Use Only:****(With Extendeds)**

Marketer:	
Consultant:	

Funeral Parlour:	
Date of 1 <sup>st</sup> payment:	
Member Number	

**1. Personal Details:**

	SURNAME	NAME AND INITIALS	ID NUMBER
MAIN MEMBER			
SPOUSE			
CHILDREN 1			
2			
3			
4			
5			

ADDRESS		
		POSTAL CODE:

TEL. NO. – WORK:		TEL. NO. – HOME:	
CELL. NO.:		E-MAIL ADDRESS:	

**2. Plan of Choice** (Tick in the appropriate box):

Plan A:	<input type="checkbox"/>	Plan B:	<input type="checkbox"/>	Plan C:	<input type="checkbox"/>	Plan D:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
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**3. Extended Family Cover**

	SURNAME	NAME AND INITIALS	ID NUMBER	COVER REQUIRED	PREMIUM
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

SUBTOTAL:

Joining Fee

**R100.00**

TOTAL PREMIUM:

**4. Details of Beneficiary**

	Surname	Name & Initials	ID Number	Relationship
1				

**5. Premium Rates Table**

	Plan A	Plan B	Plan C	Plan D
Cover	R3 000	R5 000	R7 000	R10 000
Family under 65	R 30.00	R 35.00	R 45.00	R 50.00
Family 65 - 74	R 60.00	R 85.00	R 110.00	R 150.00
Extended under 65	R 25.00	R 30.00	R 35.00	R 45.00
Extended 65 – 74	R 55.00	R70.00	-	-
Extended over 75	R 70.00	R 95.00	-	-

## 6. Benefits for children under the Family Funeral Plan

A maximum of 1 (one) spouse and 6 (six) dependent children may be assured under the Family Funeral Benefit.

Children 14-21 years will enjoy 100% of the Benefit of the main policyholder.

Children 6-13 years will enjoy 70% of the Benefit of the policyholder.

Children 1-5 years will enjoy 50% of the Benefit of the policyholder.

Children 0-11 months will enjoy 30% of the Benefit of the policyholder.

Stillborn children will enjoy 20% of the Benefit of the policyholder.

## 7. My Account Details For Debit Order (Not Compulsory)

Account Holder Name		Account Number	
Bank Name		Branch Code	
Account type	Savings	Cheque (Current)	Transmission

I herewith authorise Ditiro Group Funeral Administrator or its duly authorised agent to draw against the above-mentioned debit order, bank (or any other bank or branch to which I transfer my account) the premium due in respect of the above-mentioned insurance on the \_\_\_\_\_ day of each month and every month commencing \_\_\_\_\_ 20 \_\_\_\_\_ and continuing (whichever the case).

All such withdrawals made from my bank account by you shall be treated as though signed by me personally. I understand that the withdrawals herewith authorised will be processed by computer through a system known as ACB Magnetic Tape Service (Debit Order). I also understand that details of each withdrawal will be printed on my bank statement. I agree to pay the applicable bank charges of this debit order instruction. This authority may be cancelled by me giving 30 days' notice in writing to you and understand that I shall not be entitled to any refunds of premiums withdrawn while this authority was in force even if such premiums were legally owed to you.

## 8. Declaration By Applicant (Please Read Carefully)

I understand that:

- A joining fee of R100 is payable on completion of this application form.
- Completion of this application does not guarantee membership.
- The particulars of all participants stated under section 1 to 4 of the application form correspond with the particulars contained in their identity documents.
- All information given in this document must be true and correct.
- Cover will only be granted to the persons mentioned in sections 1 to 4 of this application form.
- A 6-month waiting period is applicable unless otherwise agreed upon. Only death as a result of unnatural causes (suicide excluded) will enjoy immediate cover.
- Suicide will be excluded for a period of 24 months after commencement of policy.
- Certain age limits are applicable for participation in this scheme and I have acquainted myself therewith. No claims will be payable if any of the lives assured were over or under the stipulated age at commencement of membership.
- Premiums are payable promptly before the 7th day of each month and should I be in arrears at the time of death of one of the lives assured, no claim will be considered.
- The conditions set out in the Master Policy pertaining to this scheme shall be binding on me.
- I authorize the Administrator/underwriter to obtain any information required to assess any claim that may arise.
- Claims must be submitted within 3 months after death. Clearly readable WhatsApp pictures/photos of fully completed forms are acceptable.

## 9. Accounting Details

**Please note:** All premiums to be paid before the 7<sup>th</sup> of each month to ensure cover for that same month.

All receipts issued comply with legal requirements.

Payments can be made directly in the following account:

**Account Name:** Ko Legae Consulting  
**Bank:** FNB  
**Account Number:** 623 428 44 819  
**Branch:** WESTGATE  
**Branch Code:** 250 841

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 

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Signature of premium payer: \_\_\_\_\_ Signature of Intermediary: \_\_\_\_\_

Name and surname of Intermediary (Block Letters): \_\_\_\_\_

Underwritten by:



Administered by:

