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This Fund is Underwritten by Safrican Insurance Company Limited - FSP No.: 15123

Application for Funeral Cover under the Bonami Funeral Fund

OFFICIAL USE ONLY		
Policy No.:	<input type="text"/>	
Application No.:	<input type="text"/>	Confirmed by: _____
		Date: _____
		Time: _____
		Branch: _____

Principal member to complete:

Title: _____ Intitials: _____ Surname: _____

First Names: _____ ID No.: _____

Postal Address: _____ Code: _____

Date of birth: _____ Home: (_____) _____

Cell: _____ Work: (_____) _____

Select Benefit Option:

R9 000 Single Benefit

R18 000 Double Benefit

Employer Details:

Employer: _____ Division: _____

Employee no: _____ HR Contact peson: _____

Work postal addres: _____

_____ Code: _____

Work: (_____) _____ Fax:(_____) _____

Dependant details:			
First Names	Surname	Relationship (H/W/S/D)	ID Number

Premium payment method: (Please choose one of the two):

BANK DEBIT ORDER

Debit Order: (Please attach a copy of your most recent, complete bank statement)

Premium to be Deducted: R

Bank Name: Branch:

Account Name: Branch Code:

Account No.:

Account Type: Current Savings Transmission

Account Holder's I.D. No.:

Account Holder's Tel. No.:

Account Holder's Pay Day:

Account Holder's Address:

Employer:

Tel No.: Fax No.:

Signature of Account Holder: _____ Date:

DECLARATION:
 I hereby authorise Zenith Administration Services (ZAS) to debit my bank account with the Premium stated above on the date determined at the Administrator's discretion. I undertake to advise ZAS of any changes to my current payment details. I have read and understood the contents of all Statutory Notices and I have viewed a quotation in respect of the policies for which I am applying. Furthermore, I declare that to the best of my knowledge, the above particulars are true and correct.

Signature of Insured Person: _____ Date:

GOVERNMENT STOP ORDER

Employer Salary Deduction: Initials: Surname:

Salary / Persal No.: Organisation Code: Paypoint Code:

(Please attach a copy of your most recent salary advice for stop order deductions)

DECLARATION:
 I hereby authorise the Accountant of the Department of to deduct monthly with effect from

the following amounts from my salary:

R to be remitted to Safrican Insurance Company Limited.

I have read and understood the contents of all Statutory Notices and I have viewed a quotation in respect of the policies for which I am applying. Furthermore, I declare that to the best of my knowledge, the above particulars are true and correct.

Signature : _____ Date: