



Cell: (076) 558 8412 / (079) 182 9058

Email: info@bopheloclub.co.za

violet@bopheloclub.co.za

APPLICATION FORM

REPRESENTATIVE INFORMATION			
REP NAME		REP CELL NUMBER	

PRINCIPAL MEMBERS DETAILS			
FULL NAME'S			
SURNAME			
IDENTITY NUMBER			
TELL NUMBER		CELL NUMBER	
MARITAL STATUS			
POSTAL ADDRESS			

SPOUSE'S DETAILS			
FULL NAME			
SURNAME			
IDENTITY NUMBER			
TELL NUMBER		CELL NUMBER	

ADDITIONAL MEMBERS DETAILS		
NAME & SURNAME	IDENTITY NUMBER	RELATIONSHIP
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

ELECTED BENEFICIARY	
NAME	
SURNAME	
IDENTITY NUMBER	



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Debit Order Authority

Name of bank: _____ Branch Code: _____

Acc type: Cheque Savings Transmission

Name of account Holder _____ Account No: _____

I hereby authorize Bophelo Social Club to start a debit order withdrawal from my account on the day _____ of (month) _____ (year) _____ and on the _____ day of each month thereafter, with a possible percentage increase each year, for the premium applicable for the cover I have chosen. I understand that the debit order will be run on the date I have chosen. No cash payments are accepted for the arrear or any other premiums. I understand that Bophelo Social Club must receive this signed application form within 10 working days prior to the chosen deduction date; if not, the premium will only be deducted and cover will only start in the following calendar month.

Policy holder

Date

DECLARATION:

I declare to the best of my knowledge and belief that the information given above is true and correct. I understand and agree that any wilful misinterpretation in this application form will invalidate any benefit under this policy. I declare that I have read and understood the terms and conditions attached to this policy, and undertake to abide and to be bound by the terms and conditions of the policy. Bophelo Social Club shall not be liable for any amount until it has accepted application and the first premium.

Principal Member's Signature

Date