

MEMBERSHIP APPLICATION

NRand Burial Services



Your Grief | Our Concern

FSP 35408

NRand Brokers cc - FSP No. 35408 is an Authorised Financial Services Provider. Terms and Conditions apply.

Main Member Details									
Title:	MS	MR	MRS	REV				PREMIUM	R100 / R160
Surname:									
First Name:									
ID No:							Age:		
Date of birth:									
Address:									
Email address:									
Tel / Cell No:									
Preferred language of communication:									
Entry Date:									
Name of beneficiary & ID no:							ID:		

NAME & SURNAME OF EXTENDED FAMILY	IDENTITY NUMBER / DATE OF BIRTH	AGE	RELATIONSHIP	TICK FOUR that need full benefits

PAYMENT METHOD	Tick
<i>Sassa paying point</i>	
<i>NRand Office</i>	
<i>Debit order</i>	
<i>Cash deposit</i>	
<i>EFT</i>	

OUR BANK DETAILS	
Acc Name:	NRand Funerals
Bank:	First National Bank
Account No:	62 6 49 72 61 90
Branch Name:	Rosebank
Branch Code:	253 305
Your Ref:	Policy Number

PREMIUM	
TOTAL PREMIUM DUE	R100 / R160

Signed at _____ on this _____ day of _____ 20

SIGNATURE _____

NAME & SURNAME.....

ID NO.....

Only a total of five members including main member will be entitled to claim full benefits. The remaining ten members will receive tombstone and coffin. Please ensure five members are selected.

Head Office: 107 Zuurfontein Road, Unit 1, Kelvin Commercial Park, Spartan, Kempton Park, 1619

Thohoyandou: Office B3, Sabina Plaza, 93 Mphephu Drive.

Reg No: 2008/099277/23 Tel: +27 11 974 7950 Fax: 086 6044 327 Email: info@nrandfunerals.co.za

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I CAN AFFORD PREMIUMS FOR THIS POLICY.

YES NO

I, THE PERSON MENTIONED AS THE MAIN MEMBER OR PREMIUM PAYER, HEREBY APPLY FOR MEMBERSHIP OF NRAND FOOD-ASSIST PLAN IN ACCORDANCE WITH THE TERMS AND CONDITIONS WHICH I HAVE READ AND UNDERSTOOD AS SET OUT HEREIN. I WISH TO PAY MY MONTHLY PREMIUMS AS FOLLOWS:

Bank Name :Branch Name:.....Account Holder.....

Account No:.....Type of Account :.....Code:.....

Deduction Date (put an X)	1st	5th	7th	15th	25th	30th	LDM	Month:
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I authorize NRand Brokers to debit my account on this day _____ of each month with the amount of R _____ per month and additional R100 / R160 ONCE OFF FEE in the 1st month for administration purposes. Should the relevant premium be adjusted by the Institution as a result of a general decrease/increase in premium, I confirm that the adjusted premium (including stamps duty) may be deducted from my bank account, until such time as I cancel this authorisation in writing or until I substitute it with a new authorisation.

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorise you to issue and deliver payment instructions to the bank for collection against my / our abovementioned account at my / our above mentioned bank (or any other bank or branch to which I / We may transfer my / our account) on condition that the sum of such payment instructions will never exceed my / our obligations as agreed to in the Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows:

i. On the _____ day ("payment day") of each and every month commencing on _____. In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and represent the instruction for payment as soon as sufficient funds are available in my account.

ii. Monthly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due;

I / We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to NRand Brokers.

MANDATE

I / We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had been issued by me/us personally.

CANCELLATION

I / We agree that although this Authority and Mandate may be cancelled by me / us, such cancellation will not cancel the Agreement. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

ASSIGNMENT

I / We acknowledge that this Authority may be ceded to or assigned to a third party if the agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of _____ 20

SIGNATURE _____ (AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS)

NAME & SURNAME..... ID NO.....