

Main Member Details							
Title:	MS	MR	MRS	REV		PREMIER PLAN	@R250
Surname:							
First Name:							
ID No:					Age:		
Date of birth:							
Venda Address:							
Email address:							
Tel / Cell No:							
Preferred language of communication:							
Entry Date:							
Name of beneficiary & ID no:					ID:		
Spouse Name & ID no:							

Dependent / Children's Details 0-26 years				
Name	Surname	Relationship	Date of Birth/ID No	Age

NAME & SURNAME OF PARENTS & PARENTS IN LAW	IDENTITY NUMBER / DATE OF BIRTH	AGE	RELATIONSHIP

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 PER MONTH	R250

NB: Please note that we only conduct burial services in and around Venda.

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

SIGNATURE.....MOBILE NO.....

I CAN AFFORD PREMIUMS FOR THIS POLICY.

YES	NO
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Authority and Mandate for payments Instruction: Electronic and Written Mandates

Given by (name of Accountholder): _____

Address: _____

Bank: _____

Branch and Code: _____

Account Number: _____

Type of Account: Current (cheque) / Savings / Transmission

Amount: _____

Date: _____

Contact Number: _____

Abbreviated Name as Registered with the Bank: NRAND

This signed Authority and Mandate refers to our contract dated _____ ("the Agreement").

I / We hereby authorise you to issue and deliver payment instructions to your Banker 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 _____ and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

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

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the preceding ordinary business day.

Payment Instructions due in December may be debited against my account on _____

I / We understand that the withdrawals hereby authorized 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.

Mandate

I / We acknowledge that all payment instructions issued by you shall be treated by my / our above-mentioned Bank as if the instructions have 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 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 _____

(Signature as used for operating on the account)

Agreement reference number is _____

(Assisted by) _____

GENERAL TERMS & CONDITIONS

1. Premiums are payable monthly in advance on or before the 1st day of each month. **No premium received No cover.**
2. In the event that payment was skipped by more than 15 days and later paid, you agree that such payment will be to save this policy from lapsing and that NRand will not entertain any claim you may submit, where death occurred during the month you paid for or within 30 days from the date in which outstanding premium was settled. In short, you will have 30 days waiting period each time you skip premium payment by more than 15 days.
3. Cover is subject to a once-off entry fee payable with your first instalment.
4. 6 months waiting period.
5. There will be no cover in the event of death which occurred before the waiting period expired. In the event that a pick up has been done, You will be responsible for pick up and storage fee as determined by the company.
6. Benefits for children under the age of 14 are different from adult members, i.e. Baby coffin, baby tombstone, no airtime, no grocery, no VIP Services,
7. Maximum age limit for main member and spouse is 65 years, maximum age limit for children is 26 years and must have no kids, maximum age limit for parents and parents in law is 90 years.
8. **NB: Please note that we only conduct burial services in and around Venda.**
 - **We do not mix our service with others, we conduct the whole funeral service, i.e. tombstone, coffin, flowers, etc.**
 - You will be charged for grave construction.
 - You will be charged for repatriation of the body.
 - We reserve our rights **not to** provide service and to charge any applicable fee in the event of breach of terms & conditions above.
 - By accepting this burial book, you confirm that you are bound by the above terms and conditions which will be enforceable in the court of law.