

Sales Agent Details & Declaration

I, (*agent name and surname) have complied with the wording of the script during my conversation with the above client and I verify that all the details captured on this form are an accurate reflection of the conversation

*Name & Surname:
Agent Code:

1. PARTICIPANT DETAILS: (AVAILABLE TO RSV RESIDENTS & RESIDENTS ONLY)						Participant No. (Office Use Only):		
ID Number:	Language Preference English: <input type="checkbox"/>			Afrikaans: <input type="checkbox"/>	Title: Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
Surname:				Full Name:				
Date of Birth:	D	D	M	M	Y	Y	Y	Y
Email Address:			Province:		Maiden Name:			
Cell Phone:		Tel No. (H)			Tele No. (W)			

2. ADDRESS:	
Residential Address:	Postal Address:
Postal Code:	Postal Code:

3. SPOUSE & DEPENDENT CHILDREN (AVAILABLE RO RSA RESIDENTS & CITIZENS ONLY)		
Name & Surname:	ID Number:	Gender
Dep 1		M F
Dep 2		M F
Dep 3		M F
Dep 4		M F
Dep 5		M F
Dep 6		M F
Dep 7		M F
Dep 8		M F
Dep 9		M F
Dep 10		M F
Dep 11		M F
Dep 12		M F
Dep 13		M F
Dep 14		M F

4. COLLECTABLE FEE (PAYABLE IN ADVANCE) (TICK PREFERRED OPTION)								
1. Plan Selection	Bronze Plan <input type="checkbox"/>	Silver Plan <input type="checkbox"/>	Gold Plan <input type="checkbox"/>	Diamond Plan <input type="checkbox"/>	Integrity Plan <input type="checkbox"/>	Imbali Plan <input type="checkbox"/>	Groceries Plan <input type="checkbox"/>	R
2. Member Selection:	Member Only <input type="checkbox"/>	+5 Members <input type="checkbox"/>	+8 Members <input type="checkbox"/>	+11 Members <input type="checkbox"/>	+14 Members <input type="checkbox"/>	R		
3. Additional Members Extended Family Name & Surname:		ID Number:		Gender:				
Add 1				M	F			
Add 2				M	F			
Add 3				M	F			

4. Collection Fee (if applicable)	R
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*These cover options are only applicable to certain age categories. Please check that this option is available for your age category before completing this form. Failure to do so may lead to an unsuccessful application.

5. Total Monthly Collectable Fee:	R
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5. DEBIT ORDER AUTHORISATION:	Reference No: DIZ00
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I Dizana Funerals or its assignee to debit my bank account at above mentioned bank (or any other bank/ branch to which I may transfer my account) with the Total Monthly Fees indicated above. Arrears will be collected by double debit. Should that double debit collection fail, ALL Benefits will automatically lapse and be forfeited.

Account Type: Cheque <input type="checkbox"/>	Savings <input type="checkbox"/>	Transmission <input type="checkbox"/>	Bank Name:	Day of Deduction: 1st <input type="checkbox"/>	7th <input type="checkbox"/>	15th <input type="checkbox"/>	22nd <input type="checkbox"/>	25th <input type="checkbox"/>
								Account No:

6. NOMINATED BENEFICIARY				Contact Number:								
Full Name:				Surname:								
ID Number:	Relationship:		Date of Birth:		D	D	M	M	Y	Y	Y	Y

7. WAIVER OF WAITING PERIODS QUESTIONNAIRE

QUESTIONS	ANSWERS
10.1 Are you taking this policy to replace a funeral policy that was cancelled within 2 months before taking this new one?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.2 Name of Insurer	<input type="text"/>
10.3 Cover start date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
10.4 Cancellation / lapse date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
10.5 Are you covering the same life / lives that were covered on your previous funeral policy (Principal Member)?	<input type="text"/>
<i>if "NO", full waiting period will be imposed.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

8. DECLARATION BY MAIN ASSURED / POLICY HOLDER (MANDATE):

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| <p>9.1) I hereby apply for the benefits contained in this document.</p> <p>9.2) I am aware the inception date on my policy will be the first of the month following my first premium payment. No benefits will be applicable until after the inception date and the conclusion of the waiting period.</p> <p>9.3) I declare that I have not withheld any material information.</p> <p>9.4) I am aware and have been explained of the waiting periods applicable to this policy.</p> <p>9.5) I accept that this application and declaration shall be the basis of the contract and myself</p> <p>9.6) I understand I am joining this plan in order to ensure I receive the burial sevice for all covered lives.</p> <p>9.7) We confirm that any personal information submitted and/or requested from you, will only be used to facilitate administration on the policy and to satisfy contractual obligations.</p> <p>9.8) By signing this application from, I, the Member do hereby mandate (give permission/authority to Dizana Funerals:</p> <p>9.8.1) Arrange for long-term insurance cover, on my behalf.</p> <p>9.8.2) Instruct Underwriter to effect changes to or renew the life insurance policy/ies and other benefits on my and/or my dependent(s) behalf; collect and receive all premiums payable by me and to pay the premiums over to Underwriter, on my behalf.</p> <p>9.8.3) Receive and collect all statutory and/or other notices, product documents and communications from Underwriter, on my behalf, for the purposes of providing such notices to me.</p> <p>9.8.4) Process claims for the benefits in terms of the policy/ies and to assist me and/or my dependent(s) in lodging claims with the Underwriter.</p> <p>9.8.5) Collect and receive benefits payable in terms of the policy/ies from the Underwriter for any payment due to same and/or my nominated beneficiaries or my dependent(s); subject to selection at claim stage;</p> <p>9.8.6) Deal with general administrative queries in respect of my policy/ies and benefits.</p> <p>9.8.7) Terminate my policy/ies /agreements with the Underwriter for the purposes of assigning me to a new insurance plan with a new insurer/underwriter.</p> <p>9.8.8) I have provided the necessary consent and it is in my interests to do so.</p> <p>9.9) The mandate given in 9.7 and 9.8 will continue to be in place with the new insurance company in the event of a change of insurer.</p> | <p>9.10) The maximum cover amount allowed per benefit, on any one policy, is R30,000. However, the Underwriter restricts the total cover to a maximum of R90,000 across multiple policies. The maximum cover allowed for children across all multiple policies is R20,000 for children 6 years and under (including stillborn) and R30,000 for children between 7 and 14 years. Should the maximum cover be exceeded, claims will only be honored to the allowed maximum cover amount.</p> <p>9.11) I have been informed of the maximum of cover aggregation per life assured.</p> <p>9.12) Should we not be able to confirm your previous policy or not meeting the requirement, Waiting Period will not be waived.</p> <p>9.13) I understand that a waiting period applies to death because of causes other than an accident. This means that cover will not be paid if the insured person dies due to causes other than an accident within the waiting period.</p> <p><input type="checkbox"/> (Tick Box)</p> <p>9.14) By checking this box, you agree to receive promotional emails and other materials from Dizana Funerals and its affiliates. Information requested is for Dizana Funerals marketing purposes only and will not be sold or shared with a third party. Marketing emails provide a one-click method to unsubscribe from the distribution list.</p> <p>9.15) Dizana Funerals protection of personal information policy is available for review at www.dizanafunerals.co.za. By taking out this policy Dizana Funerals confirms it will need to share certain relevant information with the insurer and/or other related parties. I hereby consent to Dizana Funerals performing these functions and sharing the information that is relevant. I realise if I do not provide this consent I will not be able to conclude this policy.</p> |
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Yes | No

REPLACEMENTS

- The person selling me this product has not recommended I do a replacement.
- If I am replacing the policy I know that I must insist on an explanation of the potential negative consequences and costs to me for so doing before undertaking the replacement.
- Waiver of Waiting Period (full/Partial)
- We will not impose a waiting period on a funeral policy if the policyholder confirms that they have taken out this policy to replace a previous policy where the waiting period was served and was cancelled within two months before the application date of the new policy.
- This applies to waiting periods served on the policies with the same or different insurer.
- This only applies when the same life is insured for the same amount of cover.
- For any additional cover bought over and above the cover amount of the previous policy, the full applicable waiting period will apply.
- We will reduce the waiting period if the policyholder completed part of the waiting period on the previous, similar policy.
- The previous policy must have been with the registered Insurer with Financial Sector Conduct Authority.

SOURCE OF FUNDS

- Salary Social Grant
- Savings Divorce Settlements

Participant Signature:

Date: