

HEAD OFFICE

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Johannesburg 2000

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															Your P	r		
Applica	tion Form			Day(a) partner													
Main	Name										Contact	t Numb	er					
Member Details	Surname										Address							
Details	Date of Birth	G	Gender															
	Nationality	y				Passport/ID					Email							
Family	Name	ne					Surname				Relationship to N			nber	Date of B	irth		
Details																		
Cover	COVER	R	10000	R	R20000		R300	00										
Option	Single	R79		R139			R199											
Estandad	Family	R99		R149			R230					<u> </u>	_		R10000	R15000	R20000	
Extended Family	Name	Name Su				rname R				elationship Da			te of Birth		@R99	@R119	@R149	
[Dalau the																		
[Below the age of 65]																		
Beneficiary	Name		Surname				·				Cont	act						
Premium	Please Tick	? Tick Debit				Order Pay@ / Cash				Total Amount			R					
Debit Order	Account Holder								Account Holder's Contact			ntact						
Order	Bank									Branch Code								
	Account Numb						Deduction Date											
	Account Type								Commencement Date									
		I the undersigned, hereby authorize SA Life Benefits to Debit my Bank Account the Amount above on the salary credit date or month thereafter. I understand that my salary credit date may change from time to time and I authorize you to administer p																
	Signature (Acco	ount H	older)					Da	ate									
Declaration	I understand and accept all terms and conditions applicable to this policy Holder)							D.	Date				For Call Center Purposes Call Time					
Connector	Name of Connector												Call I					
Details	Team Leader						Contact			Province Province								
	ream Leauer									Contact				FIGNITICE				