

JOINING FORM

Choose an item

Name														
Surname														
ID Nr														
D.O.B														
Race	African	Coloured	Indian	White	Title	Mr	Mrs	Miss	Ms	other				
Marital Status	Single		Married	NB: Mark with an X										
Language	isiXhosa	English	Afrikaans	other										
Plan	A	B	R.....	NB: Mark your with an X & insert payment per month										
E-mail														
Residential address						Postal address								
						code							code	
Contact details						Email address								
Cell number														
Alternative number														

Section B: Main Member's Details

	Name	Surname	Identity number
1.			
2.			



Section C: Children (Age: 0 – 21 years) *NB: If the child is studying, could be covered until 24 years.*

	Name	Surname	Identity number
1.			
2.			
3.			
4.			
5.			
6.			

Section D: Parents (Age: 65 – 84 years)

	Name	Surname	Identity number
1.			
2.			
3.			
4.			

Section E: Other Members (Age: 18 – 64 years)

	Name	Surname	Identity number
1.			
2.			
3.			
4.			



Section F: Beneficiary (Nominated person, not necessarily covered)

1	Name												
2	Surname												
3	ID Nr												
4	D.O.B												
5	Contact details	Email address											
	Cell number												
	Alternative number												

Marketing Survey

Where did you hear about us
Rate consultant service
Would you refer us to family/friends

Family/Friend	<input type="checkbox"/>	WhatsApp	<input type="checkbox"/>	Facebook	<input type="checkbox"/>
Great	<input type="checkbox"/>	Good	<input type="checkbox"/>	Poor	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Maybe	<input type="checkbox"/>

Declaration

Ideclare that the above information is true and correct. I accept that if it is found that information provided is incorrect the person may not be covered.

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Identity number

Date: Policy holder signature:

Date: Agent name: Signature:





- Spelling Errors
- No abbreviation of names
- Policy holder's details correct
- Contact details correct
- Principle member: ID copy
- Principle member: Proof of address
- Beneficiary nomination form
- Note: Outstanding Details
- Client Advised of First Premium Payment
- Policy options explained
- Clarity: Client underts chosen option

Comment:

