



Voluntary Application Form

Principal Member Details

Title: _____ Surname: _____ First Name(s): _____
 I.D. No: _____ Address: _____

 Tel No: (home) _____ Tel No: (work) _____ Cell No: _____
 E-mail: _____

Policy Details

PLAN TYPE SELECTED:
 CAPITAL ALLIANCE
 SAFRICAN
 OTHER

PREMIUM: _____
JOINING FEE: _____
COMMENCEMENT DATE: _____
COMMENCEMENT OF BENEFIT: _____

Immediate Family to be Covered

SURNAME	FIRST NAME	RELATIONSHIP	IDENTITY NO.																	

Debit Order Details

I (full names) _____ I.D. No _____
 hereby authorise FFG Empowered Consultants (Pty) Ltd to debit my account for my funeral cover. First withdrawal on _____ and continuing until notice of cancellation is given in writing. Notice shall be 30 days. Premiums will be collected by Escape Magnetic Tape Service and be reflected on my bank statement. All such withdrawals by you shall be treated as though they have been signed by me personally. I agree to pay any bank charges relating to this debit order instructions.

BANK: _____ **BRANCH:** _____
ACC. NO.: _____ **BRANCH CODE:** _____
ACC. TYPE.: _____ **DATE:** _____
PAYER'S SIGNATURE: _____ **TOTAL PREMIUM:** _____

Certificate: Upon becoming a member of the Bluechip Funeral Benefit Plan, and your first premium having been received, you will receive a certificate. Please carefully check the details printed on the certificate and read the notes. If any details are incorrect please contact us immediately so that it can be corrected as errors could lead to the repudiation of your claim.

Declaration: I, the undersigned, wish to become a member of the Bluechip Funeral Plan. I understand that the cover will apply to myself and dependants as listed. I understand that if the premium is not paid by the 3rd of every month, cover will be forfeited. I, the undersigned, understand and agree to the terms of the plan as described in the master policy which is obtainable on demand. I certify that the information provided by me is correct. I have taken note of the waiting period for the cover as described in the attached pages.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

Details of Introducer

FULL NAME: _____ **SIGNATURE:** _____ **DATE:** _____