

<input type="checkbox"/> Essential	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Comprehensive Plus	<input type="checkbox"/> Premium	<input type="checkbox"/> Premium Plus
<input type="checkbox"/> Inkomo Plus Plan	<input type="checkbox"/> Tombstone Plus Plan	<input type="checkbox"/> Catering Plan	<input type="checkbox"/> Added Benefit R100	

TOTAL PREMIUM

**MEMBER DETAILS:**

Title <input style="width: 150px;" type="text"/>	Initials <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Gender <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/>	D.O.B. <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Surname <input style="width: 300px;" type="text"/>		Name(s) <input style="width: 400px;" type="text"/>	
I.D. Number <input style="width: 300px;" type="text"/>		Residential Address <input style="width: 400px;" type="text"/>	
Postal Address <input style="width: 300px;" type="text"/>		<input style="width: 400px;" type="text"/>	
Contact Number (H) <input style="width: 150px;" type="text"/>	(C) <input style="width: 150px;" type="text"/>		

**SPOUSE DETAILS:**

Title <input style="width: 150px;" type="text"/>	Initials <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Gender <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/>	D.O.B. <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Surname <input style="width: 300px;" type="text"/>		Name(s) <input style="width: 400px;" type="text"/>	
I.D. Number <input style="width: 300px;" type="text"/>		<input style="width: 400px;" type="text"/>	

Dependants Details	Relationship	I.D Number
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Consultant Name : \_\_\_\_\_

Client Signature : \_\_\_\_\_

Date : \_\_\_\_\_

**Debit Orders Instructions**

I hereby grant permission for Icebolethu Funerals to arrange with the bank below, or any other bank to which I might transfer my account, for payment of the contributions due [see below] in terms of the above policy including amendments that may be made during the life of the policy, from my account below on the day of every month commencing on the selected and every month thereafter in accordance with the debit order system.

Pay Dates: 1st to 7th                       15th                       25th

**Stop Order**

Name of employer:			
Employee Salary No.:	Work site code:	Pay Point code:	
Gross Monthly Pay: R	Net monthly pay: R	Copy of payslip or signed & stamped Stop order deduction form must be attached	
Current insurance deduction: R	Pay group:	Reservation No.:	

**Declaration for Deductions**

I authorise Icebolethu Funerals to deduct the premium of R\_\_\_\_\_ for this policy including any application premium increase I have selected or any increase that Icebolethu Funerals may apply from my salary and remit it to Icebolethu Funerals on a monthly basis with effect from \_\_\_/\_\_\_/\_\_\_ until such time as I cancel this authority in writing or substitute this with a new authority. Should the stop order fail, I hereby authorise Icebolethu Funerals to change the pay mode to debit order

Consultant Name : \_\_\_\_\_

Client Signature : \_\_\_\_\_

Date : \_\_\_\_\_

# Application Form

## DEBIT ORDER

Bank:		Branch Name:	
Branch Code:		Account Number:	
Account Type:		Amount:	
How did you hear about us:			

I understand should the debit go unpaid there will be a penalty fee. I authorise the payment of the benefit directly to Icebolethu Funerals for the conducting funeral services. I, the undersigned, declare that I have read and understand the terms and conditions of the scheme and that all the information supplied above is correct.

Consultant Name : \_\_\_\_\_

Client Signature : \_\_\_\_\_

Date : \_\_\_\_\_

## BENEFICIARY DETAILS:

Surname		Surname	
Names		Names	
Relationship		Relationship	
I.D. No.		I.D. No.	
Date of Birth		Date of Birth	
Percentage Share		Percentage Share	

## AFFORDABILITY CHECK

INCOME		PERSONAL EXPENSES			
Description	Amount	Description	Amount	Description	Amount
Nett Income (as per payslip)	R	Transport	R	Food & household goods	R
Additional Income	R	Rent/Bond	R	Cell Phone	R
		Entertainment	R	Loans	R
		Retail Accounts (e.g. Clothing)	R	Other policies	R
		Electricity & Water	R	Other	R
		School Fees	R	Other	R
<b>Total Income (A)</b>	<b>R</b>	<b>Total Monthly Expenses (B)</b>			<b>R</b>
<b>Total available funds (A minus B)</b>					<b>R</b>

Consultant Name : \_\_\_\_\_

Client Signature : \_\_\_\_\_

Date : \_\_\_\_\_

## FOUNDATION PLEDGE

I hereby pledge the below ticked amount to Icebolethu Foundation

R5	<input type="checkbox"/>	R10	<input type="checkbox"/>	R20	<input type="checkbox"/>	other	<input type="checkbox"/>
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Consultant Name : \_\_\_\_\_

Client Signature : \_\_\_\_\_

Date : \_\_\_\_\_



## TERMS AND CONDITIONS

1. Any person with a South African Identity can join who is 16 -99 years (under 18 should bring consent from the guardian. If no guardian is available an affidavit).

2. Children with physical challenges are covered under parents even when they are over 21 years.

3. There is no medical underwriting required.

4. There are two joining options

### A. JOINING OPTION 1- Free Joining + Premium

4.1. You can join for free with a waiting period of 3 months if you are between the ages of 16-64 years

4.2. You can join for free with a waiting period of 6 months if you are between the ages of 65-99 years

Or

### B. JOINING OPTION 2- R250 (Once Off) + Premium

4.3. Anyone between the ages of 16-99 years can join Icebolethu Funerals with a joining fee of R250 plus premium and will be a member in 1 month, plus you will receive 12 added benefits.

4.4. Our existing clients can obtain the benefits card by paying a once off fee of R100 per policy. The benefits card will entitle the member to 12 value added benefits (Terms & Conditions Apply).

## WAITING PERIODS

1. Clients joining from another funeral provider must provide proof of being in good-standing as at time of joining. This will be evidenced by production of a valid policy document and verifiable 4 month payment history. The waiting period will subsequently be 1 month upon payment of R100 for the benefits card.

2. 24 months waiting period for suicide cases.

3. Child is covered under the parent until he/she turns 21 years, full time students are covered under parents until he/she turns 25 years

4. Pregnancy should be reported within 3 months.

## METHODS OF PAYMENTS

1. Funeral policy must be paid monthly as follows:

1.1. You can pay cash at our offices and receive a computerised slip

1.2. You can choose the debit order payment by signing the mandate form at our offices

1.3. You can arrange a stop order with your bank to pay Icebolethu at your chosen date.

1.4. You can pay @ Shoprite, Checkers, Ackerman's, Pep, Boxer, Game, Pick n Pay, Massmart, Spar, Builders, Makro, Flash, U-Save.

1.5. You can make a direct deposit on the following accounts

A. FNB Icebolethu Funeral Scheme, Musgrave Road branch, Cheque account, Account -62371626379

Branch code 221126 you must use your policy number as reference.

B. Standard Bank One stop burial scheme, eThekweni branch, Cheque account, account number

251237583 branch code -045226 and use you policy number as reference.

1.6. If your policy is not paid for 2 months 7 days it will lapse.

## IF DEATH OCCURS:

1. Report to our offices within 6 months

2. If the deceased is at home, contact us on the following numbers 0860007580 or 0797926827, do not contact other funeral parlours since they will charge and families will be responsible for the cost of the removal and storage.

## WHAT WE DO NOT COVER

1. We don't provide the service if your premiums are not paid up to date.

2. Icebolethu will not bury relatives which are not covered by our scheme.

3. Funerals are not done on credit, if it's a cash funeral it must be paid in full before funeral.

## SPECIALS

1. You can get 10% cash back if you have never claimed in 5 years and you have been paying your premiums monthly without fail on the selected date. Clients who joined after 1 July 2014 will claim their 10% cash back after 5 years.

2. If you do not have a membership card you will pay for transportation if the distance is above 50KM from our mortuary.

**DECLARATION:** By signature hereto, I confirm that I have understood the terms & conditions attached to this policy. Unless otherwise stated at the time of claim under this policy, I hereby instruct Icebolethu Funerals to pay the cover amount payable on claim to Icebolethu Burial Services. This amount is to be used to conduct a funeral service as per the specifications under my chosen plan.

Client Name : \_\_\_\_\_

Client Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Consultant Name : \_\_\_\_\_

Contact Number : \_\_\_\_\_

Date : \_\_\_\_\_