

KELEMO FUNERAL COVER_KELEMO GRAND OLDIES



APPLICATION FORM

POLICY NUMBER (FOR OFFICE USE)	K	L	E	0	0	0	0	0	0	0	0			
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1. MAIN MEMBER DETAILS

Surname											Full Names:										
Title		ID No.:																			
		Date Of Birth:	Y	Y	Y	Y	M	M	D	D											
Maiden Name											Spouse Full Names And Surname:										
Spouse Title		ID No.:																			
		Date Of Birth:	Y	Y	Y	Y	M	M	D	D											
Residential Address													Code								
Postal Address													Code								
Work Tel No.											Cell No.										
Email Address																					
Preferred Mode Of Communication			mark with an "X"		SMS		EMAIL		POST												

2. DETAILS OF INTERMEDIARY

Intermediary: KeleMo Funeral Services (Pty) LTD (referred to in this document, as KeleMo)
 Registration Number: 2019/574980/07, FSP 44457
 Physical Address: 61A Swart Street, Van Reebeck, Kempton Park, 1619
 Tel (065) 983 1242
www.kelemofuneralservices.co.za
info@kelemofuneralservices.co.za

3. PLAN TYPE (please select your choice of a plan below)

MAIN MEMBER	
SPOUSE	
EXTENDED FAMILY	

4. PACKAGE SELECTION

	OPTION A	OPTION B	CASH BENEFIT OPTION		PACKAGE INCLUDES
SINGLE PERSON			OPTION A	OPTION B	- HEARSE
MEMBER	3 TIER COFFIN	FLAT LID COFFIN			- 1 FAMILY CAR
Premium per member per month (Ages 65 - 74)	R 191,00	R 124,00	R10 000,00	R5 000,00	- 50 CHAIRS
Premium per member per month (Ages 75 - 84)	R 276,00	R 174,00	R10 000,00	R5 000,00	- 2 TABLES
					- COFFIN SPRAY
					- 4 SMALL FRESH FLOWERS

PRINCIPAL MEMBER + SPOUSE	3 TIER COFFIN	FLAT LID COFFIN			- TOILET - 100 PROGRAMMES - GRAVE MARKER - REFRESHMENTS				
MEMBER									
SPOUSE									
Premium per member per month (Ages 65 - 74)						R 428,00	R 276,00	R10 000,00	R5 000,00
Premium per member per month (Ages 75 - 84)						R 512,00	R 325,00	R10 000,00	R5 000,00
EXTENDED FAMILY	3 TIER COFFIN	FLAT LID COFFIN							
Dependants aged between 18 - 64 years						R 84,00	R 56,00	R10 000,00	R5 000,00
Dependants aged between 65 - 74 years						R 199,00	R 142,00	R10 000,00	R5 000,00
Dependants aged between 75 - 84 years						R 299,00	R 199,00	R10 000,00	R5 000,00

TOTAL MONTHLY PREMIUM

R

Waiting Period (age under 74) 6 months

Waiting Period (age 75 and above) 12 months

5. DEPENDANTS

Name And Surname	Y	Y	M	M	D	D	Date Of Birth / ID Number							
1														
Relationship To Main Member														
2														
Relationship To Main Member														
3														
Relationship To Main Member														
4														
Relationship To Main Member														
5														
Relationship To Main Member														
6														
Relationship To Main Member														
7														
Relationship To Main Member														
8														
Relationship To Main Member														
9														
Relationship To Main Member														

6. BENEFICIARY DETAILS

NAME		SURNAME	
ID NUMBER		CONTACT DETAILS	

- I nominate the above-mentioned person to be the recipient of the benefit under my policy in case of death. This is the individual who will receive the benefit when I die.
- I confirm that this person is 18 years of age and older. If no beneficiary is nominated by me or if the beneficiary is deceased upon the occurrence of a claim, or cannot be located within a reasonable period of time, KeleMo Funeral Services shall in its sole discretion be entitled to render services or pay the benefits to the following policy members on the order listed below:
- The spouse and/or partner
- If the spouse and/or partner is deceased or no longer qualifies as a spouse and/or partner, the eldest of the child will be selected, provided this child is over the age of 21 years, and is financially responsible for the maintenance of the remainder of policy members; or
- Such other person as KeleMo Funeral Services may in its sole discretion determine

7. ACCOUNT HOLDER DETAILS

NAME AND SURNAME		ID NUMBER											
CONTACT NUMBER						EMAIL							

I hereby authorise KeleMo Funeral Services to commence a debit order withdrawal every month from my account starting on the date mentioned below.

I understand that this document MUST be returned signed, to **KeleMo Funeral Services**, 12 working days before the date selected as a deduction date. Failure to do so, will result in the deduction commencing in the next calendar month, with the cover starting in the next calendar month.

8. BANKING DETAILS

NAME OF BANK				BRANCH CODE			
ACCOUNT NUMBER				BRANCH NAME			
ACCOUNT TYPE	Savings	Cheque	Transmission	SIGNATURE			
DEDUCTION DATE	1st	15th	Other				
PREMIUM	R		DATE			2	0

9. TERMS AND CONDITIONS

- The Cover Start Date is when the first premium is received in respect of the main member.
- A 6 month waiting period from the Cover Start Date will apply to each main member or the policy member, but no waiting period will apply in respect of accidental death.
- Suicide in respect of the main member or any policy member will not be covered during the first 24 months from the Cover Start Date.
- Should the Main Member pass away with a valid cover, the cover will be paid to the beneficiary nominated above. This person has to be 18 years or older and have a valid South African Bank account.
- In the event of a claim, the intermediary should be contacted.
- This scheme is underwritten by Safrican.
- The Policy holder accepts that the Intermediary can communicate with the Policy member telephonically and/or electronically. All records shared with the intermediary can be stored electronically.
- Any complaints must be shared with the KeleMo Funeral services administrators, contacted on the number below, or in writing to complaints@kelemofuneralservices.co.za
- Should there be suspicions or concerns about the information received, the intermediary's Compliance Department can be contacted on 081 306 2663 or compliance@kelemofuneralservices.co.za
- If the resolution is unsatisfactory, you may lodge a complaints with the regulatory body on the below details:
- For the cash benefit option, a certified death certificate if the deceased will be required with every claim.
- Repatriation benefit is available to the value of R6.00 per benefit.

THE FAIS OMBUD: P . O . BOX 74571, LYNNWOOD RIDGE, 0040
 Email: info@faisombud.co.za Tel: 012 762 5000 / 012 470 9080
 Fax: 012 348 3447 / 012 470 9097 / 086 746 1422
 Website: www.faisombud.co.za

THE INSURANCE OMBUD: PRIVATE BAG X45, CLAREMONT, CAPE TOWN, 7735
 Email: info@ombud.co.za Tel: 021 657 5000 / 0860 0103 236
 Fax: 021 657 0951
 Website: www.ombud.co.za

10. AGENT DECLARATION

AGENT NAME		AGENT CODE	K	E	L					
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I confirm that I have seen the applicant, discussed the policy with him/her and the application has been completed and signed in my presence by the applicant.

FICA declaration: I confirm that I have identified the client, the identity document of the policy holder / premium payer and verified his / her details on this application under the requirements of section 21 of the Financial Intelligence Centre Act.

Agent signature _____ Date _____/_____/20____

11. DECLARATION BY APPLICANT

- I hereby apply for the KeleMo Funeral Services plan in accordance with the terms and conditions to the policy contract. I agree that I have read and understood the terms, conditions, benefits and costs as reflected on the form.
- I am fully aware of the premium and I can afford paying for it.
- The Master Policy document can be found from the offices of KeleMo Funeral Services on request.
- I am aware that I must inform KeleMo Funeral Services within 3 (three) months of the date of birth of any eligible children in order for the child to be covered under my policy.
- All the information provided on this form, is true, correct and complete and will form the basis of this policy. I understand that any misinterpretation or false information can lead to the cancellation of these benefits, in which case all premiums paid will be forfeited.
- I understand that I have 30 (thirty) day cooling off period. Provided no claim has been registered in this period, I may elect to not take up the plan, and will inform KeleMo Funeral Services in writing of my intention to not accept the plan/ policy, all premiums paid during the cool off period will be fully refunded.
- I shall inform KeleMo Funeral Services of any changes in my banking details, contact details and marriage status.
- I understand and agree that subject to the waiting period for death by natural causes, the insurer will only be at risk once this application is accepted by KeleMo Funeral Services and the first premium has been received.
- I am financially responsible for assistance in respect of any funeral costs for all the dependants as reflected
- I understand that this product is offered to me on a non-advice basis, and should I need further assistance regarding the policy, I may email KeleMo Funeral Services on: info@kelemofuneralservices.co.za
- I confirm that this application form has not, neither has part thereof, been completed by anyone representing or purporting to represent me as a Principal Member.
- I the undersigned, confirm that I have read this declaration and understand and accept all the terms thereof.

Member Signature _____ Date _____/_____/20____

Underwritten by Safrican