

KELEMO FUNERAL COVER\_KELEMO PACKAGE



APPLICATION FORM

POLICY NUMBER (FOR OFFICE USE)	K	L	E	0	0	0	0	0	0	0			
-----------------------------------	---	---	---	---	---	---	---	---	---	---	--	--	--

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](http://www.kelemofuneralservices.co.za)  
[info@kelemofuneralservices.co.za](mailto:info@kelemofuneralservices.co.za)

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

Main Member ONLY	
Main Member + children	
Main Member + Spouse + Children	
Wider Children	
Extended Family	

4. PACKAGE SELECTION

	OPTION A	OPTION B	OPTION C	OPTION D	PACKAGE INCLUDES
CASH BENEFIT OPTION	R 22 000,00	R 16 500,00	R 10 000,00	R 7 500,00	- HEARSE
SINGLE PERSON	3 Tier Casket	2 Tier Casket	RAISED LID	RAISED LID	- 2 FAMILY CARS
Premium per member per month	R 167,00	R 110,00	R 63,00	R 50,00	- TENT

					- 50 CHAIRS
CASH BENEFIT OPTION	R 22 000,00	R 16 500,00	R 10 000,00	R 7 500,00	- 2 TABLES
SINGLE MEMBER PLUS CHILDREN	3 Tier Casket	2 Tier Casket	RAISED LID	FLAT LID	- COFFIN SPRAY
CHILD 14 - 21 YEARS	2 Tier Casket	2 Tier Casket	FLAT LID	FLAT LID	- FRESH FLOWERS
CASH BENEFIT OPTION	R 10 000,00	R 8 000,00	R 5 000,00	R 3 000,00	- TOILET
CHILD 6 - 13 YEARS	RAISED LID	RAISED LID	FLAT LID	FLAT LID	- 100 PROGRAMMES
CASH BENEFIT OPTION	R 5 000,00	R 3 000,00	R 1 250,00	R 1 000,00	- GRAVE MARKER
CHILD 1 - 5 YEARS	CHILD COFFIN	CHILD COFFIN	CHILD COFFIN	CHILD COFFIN	- REFRESHMENTS
CASH BENEFIT OPTION	R 1 250,00	R 1 000,00	R 800,00	R 500,00	
CHILD 0 -11 MONTHS	CHILD COFFIN	CHILD COFFIN	CHILD COFFIN	CHILD COFFIN	
STILL BORN	CHILD COFFIN	CHILD COFFIN	CHILD COFFIN	CHILD COFFIN	
Premium per member per month	R 180,00	R 120,00	R 72,00	R 60,00	
CASH BENEFIT OPTION	R 20 000,00	R 15 000,00	R 10 000,00	R 7 500,00	
PRINCIPAL MEMBER	3 Tier Casket	2 Tier Casket	RAISED LID	FLAT LID	
SPOUSE	3 Tier Casket	2 Tier Casket	RAISED LID	FLAT LID	
CHILD 14 - 21 YEARS	2 Tier Casket	2 Tier Casket	FLAT LID	FLAT LID	
CASH BENEFIT OPTION	R 10 000,00	R 8 000,00	R 5 000,00	R 3 000,00	
CHILD 6 - 13 YEARS	FLAT LID	FLAT LID	RAISED LID	RAISED LID	
CASH BENEFIT OPTION	R 5 000,00	R 3 000,00	R 1 250,00	R 1 000,00	
CHILD 1 - 5 YEARS	CHILD COFFIN	CHILD COFFIN	CHILD COFFIN	CHILD COFFIN	
CASH BENEFIT OPTION	R 1 250,00	R 1 000,00	R 800,00	R 500,00	
CHILD 0 -11 MONTHS	CHILD COFFIN	CHILD COFFIN	CHILD COFFIN	CHILD COFFIN	
STILL BORN	CHILD COFFIN	CHILD COFFIN	CHILD COFFIN	CHILD COFFIN	
Premium per member per month	R 234,00	R 156,00	R 100,00	R 78,00	
WIDER CHILDREN					
CASH BENEFIT OPTION	R 15 000,00	R 10 000,00	R 7 500,00	R 3 000,00	
CHILD 14 - 21 YEARS	CASH BENEFIT ONLY				
CASH BENEFIT OPTION	R 5 000,00	R 5 000,00	R 3 000,00	R 1 000,00	
CHILD 6 - 13 YEARS	CASH BENEFIT ONLY				
CASH BENEFIT OPTION	R 3 000,00	R 1 250,00	R 1 000,00	R 500,00	
CHILD 1 - 5 YEARS	CASH BENEFIT ONLY				
CASH BENEFIT OPTION	R 1 000,00	R 800,00	R 500,00	R 500,00	
CHILD 1 - 5 YEARS	CASH BENEFIT ONLY				
Premium per member per month	R 31,00	R 24,00	R 16,00	R 10,00	
EXTENDED FAMILY	CASH BENEFIT ONLY				



- 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](mailto: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](mailto: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.
- It is important to provide all the information listed above to allow KeleMo to generate a proper and accurate rate for the risk profile
- KeleMo reserves the right to request any further information deemed necessary to proceed.
- If the resolution is unsatisfactory, you may lodge a complaints with the regulatory body on the below details:

**THE FAIS OMBUD:** P . O . BOX 74571, LYNNWOOD RIDGE, 0040  
 Email: [info@faisombud.co.za](mailto: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](http://www.faisombud.co.za)

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

#### 10. AGENT DECLARATION

AGENT NAME		AGENT CODE	K	E	L					
------------	--	------------	---	---	---	--	--	--	--	--

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](mailto: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**