



MZANZI COMPREHENSIVE CARE

Complete Funeral Service

Head Office

Suite 401, Doone House, 379 Anton Lambede Street, Durban, 4001

Branch Office

J1990 Pipogo Road, Umlazi Township, P. O Umlazi, Durban
Tel: +27 31 826 6101 | Cell: +27 73 938 8803 | Fax: 086 543 8173
Email: info@mzanzicomprehensivecare.co.za
www.mzanzicomprehensivecare.co.zaco.za



Funeral Cover Application Form

MAIN MEMBER

Surname:	<input type="text"/>	First name/s:	<input type="text"/>																
Title:	<input type="text"/>	ID no:	<input type="text"/>																
Date of Birth:	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>			D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y												
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>												
Spouse Surname:	<input type="text"/>	First name/s:	<input type="text"/>																
Title:	<input type="text"/>	ID no:	<input type="text"/>																
Date of Birth:	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>			D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y												
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>												
Residential Address:	Postal Address:																		
<input type="text"/>		<input type="text"/>																	
Postal code: <input type="text"/>		Postal code: <input type="text"/>																	
Telephone no. Home:	<input type="text"/>	Work:	<input type="text"/>																
Cell:	<input type="text"/>	E-mail:	<input type="text"/>																
Required package:	<input type="text"/>	Cover:	R <input type="text"/>																
Monthly premium	A		R <input type="text"/>																

UNMARRIED CHILDREN/ DEPENDANTS DETAILS (MAXIMUM OF SIX)

	Full names (Surname first)	Date of Birth	Relationship
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>

EXTENDED FAMILY DETAILS

	Full names (Surname first)	Date of Birth	ID Number	Relationship	Cover	Monthly premium
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total monthly premium **A** + **B** = R

B Total R

NOMINATED BENEFICIARY

Full names (Surname first):	<input type="text"/>	Relationship:	<input type="text"/>																
Title:	<input type="text"/>	ID no:	<input type="text"/>																
Date of Birth:	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>			D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y												
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>												

METHOD OF PAYMENT

EFT	<input type="checkbox"/>	Debit order	<input type="checkbox"/>	Persal	<input type="checkbox"/>
Account holder	<input type="text"/>	Account type:	<input type="text"/>	Account number:	<input type="text"/>
Bank:	<input type="text"/>	Branch name:	<input type="text"/>	Branch code:	<input type="text"/>
Commencement date:	<input type="text"/>	Please debit my account of the <input type="text"/> day each month.	Personal no.	<input type="text"/>	<input type="text"/>

DECLARATION

I declare that the information supplied above is to the best of my knowledge true, complete and correct. I hereby authorise Mzansi Comprehensive Care Complete Funeral Service and/or its Agents to draw against my account, the premium payable under the above plan from time to time, and I request my bank to debit my account in terms of the order. This request will remain in force until cancelled by me in writing. I hereby irrevocably authorise Mzansi Comprehensive Care Complete Funeral Service and/or its Agents to obtain at any time, verification of my account details from my bank.

DECLARATION OF HEALTH

1. Are you, your spouse, dependants and/or extended family in good health? Yes ☐ No ☐
2. If "No", specify any medical complaint fully (Policyholder, spouse, dependants, extended family)
- _____
- _____
- _____
- _____

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ACCOUNTHOLDER'S SIGNATURE

POLICYHOLDER'S SIGNATURE

DATE

TERMS AND CONDITIONS

- a) No maximum age for policy holder applications.
- b) No maximum age for extended family policy applications.
- c) Scheme covers policy holder, spouse and unmarried children under 22 years of age or 25 years inclusive if the child is at a recognised educational institution and is still classified as a dependant.
- d) A one month waiting period is effective if a member dies within the standard waiting period as a result of an accident.
- e) Premiums are payable monthly in advance in full, to ensure cover for the month. Cover commences on receipt of the first premium.
- f) Claims will be settled within 48 working hours after all relevant documentation has been received.
- g) Failure to submit a claim within three months of the date of death will render the claim null and void.
- h) Cover will cease automatically upon the non-payment of premium and the policy will lapse. However, the policy can be re-instated by the policy holder and the following will apply:
 - (i) The outstanding premium must be paid within 15 days of the due payment date.
 - (ii) The relevant waiting period/s will once again be applicable from the new date of commencement of payments. It is not the responsibility of the underwriter to cover any member when the premium has not been paid. Premiums are payable lifelong, there are no surrender values and a policy may not be ceded.
- i) Mentally, physically and/or permanently and totally disabled children approved by the underwriter are covered until their death or as long as the policy holder participates in the Scheme.
- j) Stillborn infants will only qualify for consideration of payment if the following criteria are met: The foetus must have attained a minimum gestation period of 26 weeks and any claim submitted must in addition to the usual claim documentation be accompanied by a form BI-1663. In addition, a certificate confirming the number of weeks at termination of the pregnancy must be obtained from the attending doctor or gynaecologist.
- k) Common law as well as civil marriages are recognized by the Scheme. Only one spouse is allowed as a dependant for the policy holder.
- l) Application forms must be fully and accurately completed by the policy holder, reflecting full names, dates of birth and identity document numbers of all persons that are to be covered, assisted by the agent where necessary.
- m) Should it come to the attention of the underwriter that any of the information provided is not accurate, membership under the policy can be cancelled and no claim from the Scheme will be considered.

Waiting Periods:

Details and more information will be provided at Mzansi Comprehensive Care Complete Funeral Service Offices. Call us now and we will assist you.

Bank Details

Name of the Bank : **Standard Bank**
Branch Code : 40826
Account Holder : Mzansi Comprehensive Care Complete Funeral Services CC
Account Number : 250 458 314

Name of the Bank : **First National Bank**
Branch Code : 221426
Account Holder : Mzansi Comprehensive Care Complete Funeral Services CC
Account Number : 623 6681 0507

IS LICENSED AS A FINANCIAL SERVICES PROVIDER IN TERMS OF SECTION 8
OF THE FINANCIAL ADVISORY AND INTERMEDIARY SERVICES ACT, 2002 (Act No. 37 OF 2002)

Registration No: 2013/108493/07 | FSP44459 | Income Vat number: 917 026 7190

Directors: Bheka Joseph Tshabalala, Zibuyile Rejoice Maphumulo and Nomaswazi Cherol Tshabalala.

Advisors: Magantsho Consultants, AKG Msimango Attorneys, Zondi & Associates, Advocate Of The High Court Of South Africa