



Method of payment

Salary Bank Debit Order
Cash

APPLICATION FORM

L-03161

Personal Details of Main Member and Spouse Policy no.:

SECTION 1

MAIN MEMBER: Title _____ Names _____
Surname: _____ ID Number _____
Title _____ Names _____
Surname: _____ ID Number _____
Contact Numbers: (W) _____ (Cell) _____ Email: _____
Next of kin: Names _____ (Cell) _____
Postal Address: _____
Code _____

Marital Status: Single Married Divorced Widowed Basic plan: _____ Cover amount: _____
(Cover for Children under Basic plan)

First name and Initials	Surname	ID/Date of Birth	Age	Sex

Cover for Parents-in-law and/or other extended family members

First name and Initials	Surname	ID/Date of Birth	Age	Relationship	Cover	Premium

Total Premium for Extended Family: R _____

Basic Premium M Plus extended family Premium: M Total Premium Amount: M

Payment Method: Debit Order: ___ 1st debit date Salary Deduction: ___ 1st deduction Cash

Employer name: _____ Salary date: 1 : 7 : 15 : 21 : 31

Banking Details: Bank _____ Branch: _____ Account No: _____

Branch Code: _____ Cheque Savings _____ Account Holder _____ 1st Debit Date: _____

SECTION 2

Premium deduction authorisation: I hereby authorise TRANSAFRICA to:
Debit my bank account with the premium or -
That a stop order may be lodged against my salary.

Signature of main member: _____

Signature of premium payer: _____ Relationship to main member _____

Name of premium payer: _____ ID: _____

Signed at: _____ On this _____ day of _____ 20____

Rep. Name: _____ Rep. Signature _____

Beneficiary name: _____ Surname: _____

Relationship: _____ ID: _____

Transafrica is an authorised financial provider License 2013 / 1727
Kindly note that our representatives are rendering a service under supervision