



METHOD OF PAYMENT

Salary ☐ Bank Debit Order ☐
Cash ☐

Policy no: _____

APPLICATION FORM

Personal Details of Main Member

Title: _____ Names: _____
Surname: _____ ID Number: _____ DOB: _____
Occupation: _____
Contact Number: (W) _____ (Cell) _____ Email: _____
Next of kin Names: _____
Postal Address: _____

Code _____
Spouse :Title _____ Names: _____
Surname: _____ ID Number: _____ DOB: _____
Occupation: _____
Contact Number: (W) _____ (Cell) _____ Email: _____

Cover Details

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed Choose Plan: _____ Cover Amount: M _____

Children Details

First name and Initials	Surname	Date of Birth	Age	Sex

Premium Details

Funeral	Cow	Tombstone	Cash-back	Total Premium

Extended Family Members

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

Extended Members total premium

M _____

Premium Details plus Extended Members premium

M _____

Payment Method

Debit Order: _____ 1st Debit Date _____ Salary Deduction _____ 1st Deduction _____ Cash _____
Employer Name: _____ Salary Date: 1:7:15:21:31
Banking details: _____ Branch: _____
Account No. _____
Branch code: _____ Account Type: Current ☐ Savings ☐
Account Holder: _____ First debit date: _____

Premium Deduction Authorization (Premium Payer)

I hereby authorize **Transafrica** to: _____
Debit my bank account with the premium or that a Stop Order may be lodged against my salary.
Signature of the premium payer: _____ Date: _____
Premium payer relationship to main member: _____
ID no: _____ Signature: _____

Beneficiary Details

Beneficiary's Name: _____ Surname: _____
ID No: _____ DOB: _____ Cell: _____
Postal Address: _____
Relationship with main member: _____

Main Member Declaration

I/We, the undersigned, _____, the person whose life is proposed to be assured, do hereby declare that the foregoing statements and answers, even where it is not in my/our own handwriting, have been given by me, after fully understanding the questions, and the same are true and complete in every particular and that I have not withheld information regarding my health and I do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me and **Transafrica Life Insurance Lesotho Ltd** and that if any untrue averment be contained therein, the said contract shall be absolutely null and void and all monies which shall have been paid in respect thereof shall be forfeited to the company.

Member's Signature: _____ Date: _____

Sales Agents & Team Leader's Details

Sales Agent Name: _____
Signature: _____ Date: _____
Team Leader: _____
Signature: _____ Date: _____

1. Optional benefits - A member can elect to take a cow or tombstone benefit or both of them at additional cost as indicated.
2. A member can choose to take-up a cash-back benefit that shall pay an amount of M1,500 every three years.
3. For funeral covers from M30,000, a member has to complete medical questionnaire that will be used to assess the risk.
4. Waiting period is six (6) months when cause of death is natural and one (1) month if cause of death is accident.
5. For members taking up funeral cover who are 75 years or more, waiting period is twelve (12) months.
6. Member is allowed to cover up to six (6) extended (dependents) family members.
7. A society that has up to 100 members, qualify for 10% discount on monthly premiums.
8. A society that has more than 100 members, qualify for 20% discount on monthly premiums.
9. Dependents include: Aunts, sisters, brothers, daughters' in law, grand fathers and mothers, grand children over 21 years.

Children

Children are natural blood children, legal adopted children.

Premiums

Premiums are payable every month in advance. Failure to pay premium in two consecutive months will result in policy lapsing. However, a member has two months grace period after which a policy may not be revived.

Suicide

Suicide, attempted suicide, and intentional self-injury within the first 12 (twelve) months. Being affected by alcohol or drug not prescribed by a medical doctor, participation in criminal activities, war or armed conflict, participation in dangerous sports and certain high-risk activities, flying or any airborne activity except whilst a passenger on a recognized airline.

Cooling of period

A member has a period of 31 days to consider their decision after receiving a contract whether they want continue with the policy or opt to cancel it, in which case paid premiums will be refunded.