

#### MAIN MEMBER

Surname																																
First Name																																
Initials											Title											Identity number										
Gender	M	F	Tel no											Cell no																		
E-mail Address																																
Postal Address																																
Home Address																																

#### SPOUSE (if to be included in application)

Surname																																
First Name																																
Initials											Title											Identity number										
Gender	M	F	Tel no											Cell no																		
E-mail Address																																

#### CHILDREN (if to be included in application)

Surname																														
First Name																														
Initials											Gender	M	F	Identity number																
Surname																														
First Name																														
Initials											Gender	M	F	Identity number																

SCHEME VALUE	PERSONS	MARK OPTION	PREMIUM	AMOUNT
R10 000: Main Member.	1 Person	Plan A	R35.53	
R10 000: Main Member and R10 000 for spouse.	2 Persons	Plan B	R70.20	
R15 000: Main Member.	1 Person	Plan C	R53.29	
R15 000: Main Member and R15 000 for spouse.	2 Persons	Plan D	R106.58	
R10 000: Children younger than 21 or 23 if a full time student.	Per child		R24.50/child	
R10 000: Physically or mental handicapped children over the age of 21 at date of application.	Per child		R33.07/child	
			<b>Total Amount</b>	

#### CLAIMS PROCESS

Claims can be submitted at the nearest AVBOB funeral branch. Call 0861 282 621 for your nearest AVBOB Funeral branch.

**To whom should the benefit be payable in case of the Main Member's death?**

Initials and Surname	Relationship	Identification number	Telephone no.

#### DEBIT ORDER AUTHORIZATION

I hereby authorise Koopkrag to debit the account as listed below.

##### BANK DETAILS:

Account Type (indicate with a X)  Cheque  Savings  Transmission (NB: Copy of bank statement must be attached.)

Name of Bank  Name of Branch

Town / City  Cell no

Account Number  Branch Code

Account Holder (Surname)  Initials

ID no of acc holder  Debit order date (indicate with a X) 27  28  1  2  3

DATE \_\_\_\_\_

ACCOUNT HOLDER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF MEMBER \_\_\_\_\_