

UCT Extended Funeral Scheme

361 Ontdekkers Road
Florida Park, Ext 3
Roodepoort, 1709

Tel: 011 675 0499
Tel: 011 675 0498
WA: 079 944 2831
Email: admin@ditirogroup.co.za

www.ditirogroup.co.za



Ditiro Group
Funeral Administrator



Application for membership

Application Date		Policy No: Office Use Only
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1. Personal Details

	Surname	Name & Initials	ID Number
Originator (Employee)			
Contact No:			
Address			
		Postal Code	

2. Plan of Choice: Single members only

Single Adult Dependent	R 10 000 Plan A	R 15 000 Plan B	R 20 000 Plan C	R 25 000 Plan D	R 30 000 Plan E
Single under 65	31.60	45.66	63.54	73.78	87.84
Single 65 - 74	66.93	98.39	130.03	161.67	193.30
Single 75 -84	103.73	153.85	203.98	254.11	304.23
Single 85 years	171.43	255.41	339.38	423.37	507.35

Plan of Choice: Reduced for 2 or more members added

Single Adult Dependent	R 10 000 Plan A	R 15 000 Plan B	R 20 000 Plan C	R 25 000 Plan D	R 30 000 Plan E
Single under 65	22.87	32.57	42.27	54.97	61.67
Single 65 - 74	63.75	93.90	124.04	154.18	184.32
Single 75 -84	101.25	150.14	199.03	247.92	296.81
Single 85 years	165.73	240.85	320.04	399.24	478.43

3. Extended Family Members

	Surname	Name & Initials	ID Number	Relationship	Plan
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
				Total Premium	R

Initials:

4. Details of Beneficiary

	Surname	Name & Initials	ID Number	Relationship
1				

5. Debit Order Payment

Originator Account Details for Debit Order

Account Holder Name				Account Number		
Bank Name				Branch Code		
Account Type	Savings		Cheque		Transmission	

I herewith authorise Ditiro Group Funeral Administrator or its duly authorised agent to draw against the above-mentioned debit order, bank (or any other bank or branch to which I transfer my account) the premium due in respect of the above-mentioned insurance on the _____ day of each month and every month commencing _____ 20_____ and continuing (whichever the case). All such withdrawals made from my bank account by you shall be treated as though signed by me personally. I understand that the withdrawals herewith authorised will be processed by computer through a system known as ACB Magnetic Tape Service (Debit Order). I also understand that details of each withdrawal will be printed on my bank statement. I agree to pay the applicable bank charges of this debit order instruction. This authority may be cancelled by me giving 30 days' notice in writing to you and understand that I shall not be entitled to any refunds of premiums withdrawn while this authority was in force even if such premiums were legally owed to you.

6. Declaration by Applicant

I understand that:

- Completion of this application does not guarantee membership.
- The particulars of all participants stated under section 1 and 3 of the application form correspond with the particulars contained in their identity documents.
- All information given in this document must be true and correct.
- Cover will only be granted to the persons mentioned in sections 3 of this application form.
- A 6-month waiting period is applicable unless otherwise agreed upon. Only death as a result of unnatural causes (suicide excluded) will enjoy immediate cover after receipt of the first premium payment.
- Suicide will be excluded for a period of up to 12 months after commencement of policy.
- Certain age limits are applicable for participation in this scheme and I have acquainted myself therewith. No claims will be payable if any of the lives assured were over or under the stipulated age at commencement of membership.
- Premiums are payable promptly before the 7th day of each month and should I be in arrears at the time of death of one of the lives assured, no claim will be considered.
- Premiums not paid for 3 months: the policy will be regarded as lapsed and automatically cancelled. The member will not be covered should death occur during that period. Upon renewal the member will be subjected to **3 MONTHS WAITING PERIOD**
- The conditions set out in the Master Policy pertaining to this scheme shall be binding on me.
- I authorize the Administrator/underwriter to obtain any information required to assess any claim that may arise.
- Claims must be submitted within 3 months after death. Clearly readable WhatsApp pictures/photos of fully completed forms are acceptable.

7. Accounting Details

Please note: All premiums to be paid before the 7th of each month to ensure cover for that same month.

All receipts issued comply with legal requirements.

Payments can be made directly in the following account:

Account Name: Ditiro Group Funeral Trust Account
Bank: FNB
Account Number: 621 337 069 63
Branch: WESTGATE
Branch Code: 250 841
Reference: Your policy number

Signed at _____ this _____ day of _____

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Signature of premium payer: _____ Signature of Intermediary: _____

Name and surname of Intermediary: Ditiro Group Funeral Administrators



UNDERWRITTEN BY