

MEMBERSHIP APPLICATION FORM
NAME OF GROUP SCHEME: First International

1: PRINCIPLE MEMBER DETAILS

Title	Full Names									
Surname	Inception Date									
Membership No	Marital Status									
I.D. Number										
Tel No (H)	Tel No (W)			Cell No						

2: SPOUSE DETAILS

Title	Full Names									
Surname	Inception Date									
I.D. Number										

3: DEPENDANTS

	Surname	Name	I.D. Number / Date of Birth										Relationship			
1																
2																
3																
4																
5																
6																

4: Family SCHEDULE OF BENEFITS Principal Insured under the age of 65 years

Family Funeral Cover				
Insured	Option 1	Option 2	Option 3	Option 4
Insured Value	R5 000	R10 000	R15 000	R30 000
Principal Insured	R5 000	R10 000	R15 000	R30 000
Spouse	R5 000	R10 000	R15 000	R30 000
Children 14 - 21	R5 000	R10 000	R15 000	R30 000
Children 6 - 13	R2 500	R5 000	R7 500	R15 000
Children 0 - 5	R1 250	R2 500	R3 750	R7 500
Stillborn	R650	R750	R750	R750
Premium per month	R 30	R 50	R 70	R120
Please select <input type="checkbox"/>				

5: Single SCHEDULE OF BENEFITS Principal Insured under the age of 65 years

Single Funeral Cover				
Insured	Option 1	Option 2	Option 3	Option 4
Insured Value	R5 000	R10 000	R15 000	R30 000
Principal Insured	R5 000	R10 000	R15 000	R30 000
Premium per month	R 20	R 30	R 40	R 70

Postal Address.
 Postnet Suite #L19
 Private Bag X37
 Lynnwood Ridge
 0040

Physical Address.
 Unit 52, Block 4 Lombardy Business Park
 Corner of Cole and Graham Road
 Silver Lakes, Pretoria, 0054

Telephone.
 012 809 1062 / 078 460 3114
 Facsimile.
 012 809 1072 / 0866 909 971

email.
 scottipm@firstinternational.co.za
 web.
 www.firstinternational.co.za

Authorised Financial
 Services Provider.
 License number 16438

Reg number.
 1945/019293/07

VAT number.
 4110227818

Directors.
 Mrs. Patrizia Scott MD
 Dr. Gerrit Sandrock



6: BENEFICIARY DETAILS

Title				Full Names			
Surname				Relationship			
I.D. Number							
Tel No (H)				Tel No (W)			Cell No

7: DECLARATION OF MEMBER

I declare that my family as declared on this application and I are in good health and that no one of us, to the best of my knowledge, has an illness that will lead to the event of an early death. I declare that all statements given in this application are true. I have read and accepted the rules and conditions of the scheme and am aware that cover will commence after SIX CALENDAR MONTH membership. Should it come to the attention of African Unity Insurance that any of the above information not to be accurate, membership under the policy can be cancelled, premiums paid will be forfeit and no claims under the scheme will be considered for payment. I declare that my application for membership under this scheme will not replace any other existing insurance on my life. I accept that no death claim resulting from suicide, HIV Aids/ HIV Aids relate diseases will be considered for payment within the first two (2) years of membership. I accept that I am hereby, curtailing my, and my families' right of privacy, but to facilitate the assessment of the risk, and the consideration of any claim of benefits under this policy. I irrevocably authorise African Unity Insurance to obtain from any Doctor or any other person, including other insurers and any associations of such insurers whom I hereby so authorise and request to give, any information which African Unity Insurance deems necessary, at any time (even after my death) and in such detailed, abbreviated or coded form as may from time to time be decided by African Unity Insurance.

SIGNATURE OF MAIN MEMBER: _____ **DATE:** _____

RULES OF THE SCHEME

1. Maximum joining for Principal insured is 64 years (minimum entry age 18 years)
2. Maximum joining age for Spouse is 74 years
3. A maximum of six (6) children will be allowed
4. Should an Insured join from another Underwriter, and can provide proof of payment, waiting periods can be waived (T&C's apply)
5. A waiting period of 24 (twenty four) months applies for suicide
6. From date of receipt of first premium, a 6 month waiting period, where death is a result of natural causes;
7. No waiting period will apply for accidental death (after receipt of the first premium);
8. Suicide will not be covered during the first 24 months of cover;
9. Should payments be missed and then resumed, all waiting periods will re- apply from date the next premium is paid;

Administrator



Underwriter



AFRICAN UNITY
INSURANCE