



APPLICATION FORM  
(INDIVIDUAL)

ZAMFRF7001 NA ZAAUL7001



email: [cmac@mweb.co.za](mailto:cmac@mweb.co.za) [www.cmac.co.za](http://www.cmac.co.za) Tel: 012-991 0446

Broker detail:  
Name: \_\_\_\_\_ Cell: \_\_\_\_\_ email: \_\_\_\_\_

BENEFIT AVAILABLE PER ANNUM TO APPLICANTS IF AGREEMENT IS ENTERED INTO BEFORE THE AGE OF 65

PERSONAL DETAILS				
Insured - Full name & Surname				
Tel: (H)		Tel: (W)		Cel:
email:				ID:
Physical Address				
Postal address				

Medical Scheme	Option	Membership number:
Alternative Emergency contact details	Name & Surname	Contact number

**AUTHORISED SIGNATURES**

I, the undersigned, warrant that the banking details supplied on the debit order form attached, are correct.  
 I authorise Loyalty Life to debit my bank account with R120.00, the amount due per month, on a monthly basis.  
 I do hereby agree to abide to the terms and conditions and confirm that the preceding details are, to the best of my knowledge, factual & correct

ACCOUNT HOLDER'S SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

PRINCIPAL MEMBER'S SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* As required by RICA / FICA, please submit a copy of your ID, along with the form  
 Note The responsibility rests with the subscriber to inform CMAC of any changes to the information supplied in this agreement



BANK DEBIT ORDER INSTRUCTION			
Name (Debtor )		Date	
Address:		Contact number	
		Debit amount	<b>R120 p.m. - 01st of every month</b>
		Commencement date	
		Abbreviated	LOYALTYLIFE

Dear Sirs/Madams  
The details of my/our account are as follows:

BANK
Branch Name
Branch Code

Account Name
Account number
Type of account



This signed Authority and Mandate refers to our contract as dated as on signature hereof ("The Agreement").  
I/We hereby authorise you to issue and deliver payment instructions to the bank for collection against my/our abovementioned account at my/our above mentioned bank (or any other bank or branch to which I/we, may transfer my/our account) on condition that the sum of such payment instruction will never exceed my/our obligations as agreed to in the Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of no less that 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above. The individual payment instruction so authorised to be issued must be issued and delivered as follows:

1) On the **1st day** ("payment day") of each and every month commencing on \_\_\_\_\_.

In the event that the payment day fall on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account.

2) Monthly, on or after the dates when the obligation in terms of the agreement is due and the amount of each individual payment instruction may not be more or less that the obligation due;

I/We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before using of any payment instruction. I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

**MANDATE**

I/We acknowledge that all payment instruction issued by you shall be treated by my/our above mentioned bank as if the instructions had been issued by me/us personally

**CANCELLATION**

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund. I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

**ASSIGNMENT**

I/We acknowledge that this Authority may be ceded to, or assigned to, a third party if the agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
Signature as used for signing cheques

Assisted by:

FOR OFFICE USE

AGREEMENT REFERENCE NUMBER

This Agreement reference number is: \_\_\_\_\_



Underwritten by African  
Unity Life





