



APPLICATION FORM (FAMILY)

ZAAUL7000





email: cmac@mweb.co.za www.cmac.co.za Tel: 012-991 0446

Broker detail
Name: _____ Cel: _____ email: _____

BENEFIT AVAILABLE PER ANNUM TO APPLICANTS IF AGREEMENT IS ENTERED INTO BEFORE THE AGE OF 64
Children: Financially dependent upon the insured person and between 6 months and 18 years (or under 25-years if they are unmarried, not pregnant and in Full Time Education)

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

INSURED FAMILY MEMBERS				ADDITIONAL PANIC BUTTONS @ R10 p.m. per button	
Name & Surname	ID number	Panic button		Contact Number	
Spouse		Y	N		
Child 1		Y	N		
Child 2		Y	N		
Child 3		Y	N		

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 R _____, 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



FSP 17112 Org. 35

BANK DEBIT ORDER INSTRUCTION			
Name (Debtor)		Date	
Address:		Contact number	
		Debit amount	R
		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



