

**PRINCIPAL MEMBER**

Plan Selected  Inception 

D	D	M	M	C	C	Y	Y
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First Names  Initials

Surname  Date of Birth 

D	D	M	M	C	C	Y	Y
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ID Number 

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Postal Address Line 1

Postal Address Line 2

Suburb  Postal Code

Cell Number 

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Home Number 

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Work Number 

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Email Address

**SPOUSE / PARTNER**

Spouse ID Number 

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First Names  Initials

Surname  Date of Birth 

D	D	M	M	C	C	Y	Y
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Contact Number 

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**CHILD**

Title	First Names	Surname	ID Number

## ADULT DEPENDANT

Title	Names	Surname	Relationship	ID Number

## BENEFICIARY DETAILS (only for Superior Plan)

ID Number

First Names  Initials

Surname  Date of Birth

Cell Number

## SINGLE POLICY

Insured Person	Premier		Executive		Superior	
Principal Member*	R50.00		R70.00		R105.00	
Premium (per month)						

## CONVENTIONAL FAMILY POLICY

Insured Person	Premier		Executive		Superior	
Principal Member*	R80.00		R110.00		R145.00	
Premium (per month)						

## SINGLE PARENT POLICY

Insured Person	Premier		Executive		Superior	
Principal Member*	R55.00		R90.00		R110.00	
Premium (per month)						

## ADULT DEPENDENT ADDITION

Insured Person	Premier		Executive		Superior	
Adult Dependent 1 (21-64)	R45.00		R55.00		R75.00	
Adult Dependent 2 (65-74)	R110.00		R130.00		R180.00	
Adult Dependent 3 (75-84)	R250.00		R350.00		R420.00	

## UNDERWRITING DECLARATION

Have you or any body listed as a dependent on this policy been diagnosed with any disease and/ or illness and/or is undergoing any chronic treatment for any disease/illness?

YES

NO

If yes, please specify whom and their condition/s below.


## PAYMENT DETAILS

### PAYROLL DEDUCTION:

I hereby authorise the Employer to deduct from my salary each month the total amount due for the cover I have chosen and to pay this amount to Karama Jinaza Cover ("KJC") or their duly appointed representatives. In the event of this deduction not being successful, the policy will end, subject to the grace period as described in the Terms and Conditions. No cash payments are accepted for arrear or any other premiums. I understand that this signed application form must be received by KJC (Pty) Ltd within 12 working days prior to the deduction date; if not, the premium will only be deducted and cover will only start in the following calendar month.

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Policy Payers Signature

Date

### AND/OR DEBIT ORDER AUTHORITY:

Given by (name of Accountholder)			
Address			
Bank			
Branch and Code			
Account Number			
Type of Account	Current(Cheque)	Savings	Transmission
Amount			
Debit order Date			
Contact Number			
Given by (name of Accountholder)			

Abbreviated Name as Registered with the

KARAMA

Bank:

This signed Authority and Mandate refers to our contract dated \_\_\_\_\_ ("the Agreement").

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned 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 instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on \_\_\_\_\_ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows: Monthly

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the preceding ordinary business day.

Payment Instructions due in December may be debited against my account on \_\_\_\_\_

I / We understand that the withdrawals hereby authorized 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 the issuing of any payment instruction.

#### Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have 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 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 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 \_\_\_\_\_

\_\_\_\_\_  
(Signature as used for operating on the account)

\_\_\_\_\_  
(Assisted by)

Agreement reference number is \_\_\_\_\_

## DECLARATION BY PRINCIPAL MEMBER

1. I have read and understood the terms and conditions of the policy.
2. I know and understand that I have not been provided with financial advice nor has my ability to afford the product been assessed. I know that if I need financial advice I should approach an accredited financial adviser.
3. I am certain that the product which I am applying for, meets my needs and feel that I have all the necessary information in order to make an informed decision in respect of the purchase thereof, and my ability to afford the premium.
4. I am not replacing another product with this one (that is, I have not cancelled any financial product in the past 4 months, and will not cancel one in the next 4 months because I am taking this one out). The person selling me this product has not recommended I do a replacement. If I am replacing I know that I must insist on an explanation of the potential negative consequences and costs to me for doing that, before doing the replacement.
5. I understand and accept the waiting periods, benefits, premium and the cover amount.
6. I understand that false information can lead to the cancellation of this policy, that premiums can be forfeited and that no claims will be paid.
7. Claims will only be processed once all documentation required is received.
8. Insurance Commence on the date the application was received for all members joining and paying premiums for that month.
9. I hereby Appoint Karama Jinaza Cover as the Beneficiary to handle the claim on my behalf from the underwriter. The proceed of the claim will be allocated towards the Funeral Services rendered and **the CASH BENEFIT will be paid out to the nominated beneficiary depending on the Plan chosen**. Should Karama Jinaza Cover not pay the remainder of the funds to my nominated beneficiary, we will not hold the underwriter responsible for the shortfall,

as the arrangement for the payment is between myself and Karama Jinaza Cover.

10. Karama Jinaza Cover and the underwriter may use your personal information or obtain information about you for the following purposes: Underwriting; Assessment and processing of claims; Credit searches and/or verification of personal information; Claims checks (ASISA Life & Claims Register); Tracing beneficiaries; Fraud prevention and detection; Market research and statistical analysis; Audit & record keeping purposes; Compliance with legal & regulatory requirements; Verifying your identity; Sharing information with service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.
11. You may access your personal information that we hold and may also request us to correct any errors or to delete this information. In certain cases you have the right to object to the processing of your personal information. You also have the right to complain to the Information Regulator, whose contact details are:  
<http://www.justice.gov.za/infereg/index.html>; [Tel:0124064818](tel:0124064818); Fax:0865003351; Email: [infereg@justice.gov.za](mailto:infereg@justice.gov.za).

D	D	M	M	C	C	Y	Y
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Policy Payers Signature

Date

### INTERMEDIARY DETAILS (if applicable)

Brokerage	<input type="text"/>	Brokerage Code	<input type="text"/>
FSP Number	<input type="text"/>	BC Code	<input type="text"/>
Tel no:	<input type="text"/>	Email	<input type="text"/>

D	D	M	M	C	C	Y	Y
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Intermediary's Signature

Date

### DECLARATION BY KJC

Karama Jinaza Cover, is an authorised financial service provider, and will receive commission from the purchase of this product. Karama Jinaza Cover does not directly or indirectly hold more than 10% of the underwriter's shares, or any equivalent substantial financial interest in the underwriter. Karama Jinaza Cover is not an associated company of the underwriter and may receive more than 30% of its total remuneration (including commissions) from the underwriter.

Karama Jinaza Cover holds professional indemnity or fidelity insurance. The person selling you this product is also eligible to receive fees or commission. They have not provided you with financial advice, only information on how the product works.

### WAITING PERIODS

#### Waiting periods

A waiting period is the initial period of an insurance policy during which the insured person is not provided with cover, but the insurance premium remains payable.

#### Outstanding premiums during waiting period:

1. Where any premium payment is missed and thereafter paid, the part of the waiting period not completed at the point when the premium was not paid, will apply from the date the premium is paid.

<p><b>Death from natural causes:</b> A 6 months waiting period applies from the start date of cover for claims due to natural causes.</p> <p><b>Higher benefit cover for one insured person on the policy</b> (from the start date of the increased cover only to the amount by which the benefit increased) the following waiting periods apply: 1. Younger than 65 years: three months waiting period. 2. 65 years and older: six months waiting period.</p> <p><b>For cover for senior members who take funeral cover from the age of:</b> 1. 65 + years: a waiting period of six months applies.</p> <p><b>For cover for extended family from the age of:</b> A waiting period of six months applies regardless of age.</p> <p><b>Accidental death claims:</b> Only accidental death claims will be paid immediately, provided the policy for the principal member and/or dependents (where applicable) is in force.</p>	<p>2. Where a policy is reinstated, a new waiting period will commence from the resumed date of cover.</p> <p><b>Exclusions:</b> 1. The use of nuclear, biological or chemical weapons, or attacks on, or sabotage of, facilities and storage depots (whether direct or remotely initiated), which leads to the release of radioactivity or nuclear, biological or chemical warfare agents. 2. War, invasion, acts of foreign enemies, hostilities, warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of usurped power. An act of terrorism. Meaning an act including, but not limited to, the use of force or violence and/or the threat thereof, by any person or group/s of persons, whether acting alone or on behalf of or in connection with any organisation/s or government/s, committed for political, religious, ideological, or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear, whether determined in terms of any relevant legislation to have been an act of terrorism or not.</p>
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**Policy Initiating Fees:**

Karama Jinaza Cover will levy a policy initiating fee of R30 upfront for all initiating administration fees.

**Disclaimer**

The information contained in this document does not constitute financial, tax, legal or accounting advice by Karama Jinaza Cover. Any legal, technical or product information contained in this document is subject to change from time to time. This document is a summary of features of the product. Whilst every attempt has been made to ensure the accuracy of the information contained herein, Karama Jinaza Cover cannot be held responsible for any errors that may occur. If there are any discrepancies between this document and the contractual terms or, where applicable, any fund rules, the latter will prevail. Any recommendations made must take into consideration your special needs and unique circumstances.

**CORRESPONDANCE DETAILS**

<p><b>YOUR POLICY IS OWNED BY:</b> <b>Karama Jinaza Cover ("KJC")</b> FSP 49605 Reg. No. 2015/402684/07. <a href="http://www.jinaza.com">www.jinaza.com</a> KJC is authorised to sell the following products: Long-term Insurance: Category A. KJC holds professional indemnity and fidelity insurance cover.</p>	<p><b>YOUR POLICY IS UNDERWRITTEN BY:</b> <b>Bryte SA</b> Life Company Ltd An authorised Financial Services Provider FSP No.(FSP 17705) <a href="http://www.oldmutual.com">www.oldmutual.com</a> . Bryte Life Company Ltd is authorised to sell the following products: Long-term Insurance: Category A. Bryte Life Company Ltd holds professional indemnity and fidelity insurance cover.</p>
<p><b>IF YOU HAVE ANY REASON TO COMPLAIN AND WE WERE UNABLE TO RESOLVE YOUR COMPLAINT, KINDLY CONTACT:</b> <b>FAIS Ombudsman</b> Financial Services Board P.O. Box 74571, Lynnwood Ridge, 0040 Tel: (012) 470-9080 Fax: (012) 348 3447 <b>The Ombudsman of Long-term Insurance</b> Private Bag x45, Claremont, 7735 Tel: (021) 657-5000 Fax: (021) 674-0951</p>	<p><b>SHOULD YOU REQUIRE ASSISTANCE KINDLY CONTACT:</b> <b>KJC Head Office</b> <b>Address:</b> F16 Century Square, Heron Crescent, Century City, Cape Town, 7441 <b>Tel:</b> +27 21 110 0265 <b>Email:</b> info@jinaza.com</p>