



## Bokhora Funeral Catering Services Application Form

468 Snybuswa section A, 0472  
Call: 0636400271 Email: Bokhora.info@gmail.com

**PLEASE READ THE FOLLOWING INSTRUCTIONS.**

1. Please read the form carefully before signing.
2. You are requested to mark with X
3. Please initial each page.
4. Please ensure that all the names and ID numbers provided are correct and accurate.
5. Incomplete form will result the application unsuccessful.

1. POLICY HOLDER DETAILS					
Full names				Title	
Identity Number			Date of birth		
				Age	
Marital status	Married <input type="checkbox"/>	Single <input type="checkbox"/>	others <input type="checkbox"/>		
Specify if there are any other:					
Contact detail					
Work telephone			Cell phone no		
Email address					
Residential address:			Postal address:		
Code			Code		

**2. DEPENDENT DETAILS (IF APPLICABLE - NOTE: SPOUSE OLDER THAN 75 AT THE START DATE CANNOT BE INSURED.)**

<b><u>Dependent details</u></b>	Relationship: _____	
Full Names: _____ Surname: _____		
Identity Number	Age	
Date of birth		

  

<b><u>Dependent details</u></b>	Relationship: _____	
Full Names: _____ Surname: _____		
Identity Number	Age	
Date of birth	Gender	

  

<b><u>Dependent details</u></b>	Relationship: _____	
Full Names: _____ Surname: _____		
Identity Number	Age	
Date of birth	Gender	

  

<b><u>Dependent details</u></b>	Relationship: _____	
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<b><u>Dependent details</u></b>	Relationship: _____	
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<b><u>Dependent details</u></b>	Relationship: _____	
Full Names: _____ Surname: _____		
Identity Number	Age	
Date of birth	Gender	

Identity Number																				Age	
Date of birth																Gender					

**Dependent details** Relationship: \_\_\_\_\_

Full Names: \_\_\_\_\_ Surname: \_\_\_\_\_

Identity Number																				Age	
Date of birth																Gender					

**Dependent details** Relationship: \_\_\_\_\_

Full Names: \_\_\_\_\_ Surname: \_\_\_\_\_

Identity Number																				Age	
Date of birth																Gender					

**3. Plan details.**

**Membership plan**

Silver		Gold		Platinum	
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Signature of the applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**4. Captured by: (Administrator) FOR OFFICE USE ONLY**

Full Names: \_\_\_\_\_ Surname: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**5. Payment information "Premium payer" - This is the person who pays the premiums and can be the policyholder or spouse covered in this policy**

Identity Number																				
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Inception date:		Debit day:	
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**Banking details**

Account holder name: \_\_\_\_\_ Bank name: \_\_\_\_\_

Account number		Type of Account	
Bank branch name		Branch code	
Account holder email address		Contact number	

## 6. Declaration



I/We authorize Bokhora funeral catering services to draw against my / our bank account the contracted value in terms of an authority / mandate from Bokhora funeral catering services to collect and manage monies in respect of Bokhora funeral Catering for which I/we extend this authority to collect by debit order. I/We further authorise Bokhora funeral catering services to increase or reduce such amounts due from time to time to reflect any change to the Agreement, including changes in cover risk, sum insured or premium rates, as communicated to the applicant by Bokhora. I/We understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks and I/we also understand that details of each withdrawal will be printed on the bank statement, with the reference prefix "BOKHORA". I further authorize Bokhora funeral catering services to deposit directly into the above account any amount which may be due to me/us in respect of any refund amounts. We shall not be entitled to any refund of amounts which Bokhora funeral catering services has withdrawn while this authority was in force, if such amounts were legally due. I/ We acknowledge that all debit instructions issued by Bokhora funeral catering services shall be treated by my/our above-mentioned bank as if the instructions had been issued by me/us personally. By signing below, the applicant agrees to these terms and conditions.

Signed at \_\_\_\_\_ (place) on the \_\_\_\_\_ (date)

Signature of the Policy holder: \_\_\_\_\_

## 7. Client declaration

1. I have received the information leaflet and summary terms and conditions containing the waiting period, rules of over insurance and the claims procedure.
2. I understand that the cover will only start when I have paid the first premium.
3. I have given all information correctly and understand that if any information is found to be untrue, my benefits may not be paid or my policy could be cancelled. I also agree to notify the underwriter in writing of any changes to the information I have provided.
4. I understand that the underwriter needs to collect and share my personal information specifically for this policy and to service, assess risks and consider claims for benefits under this policy. I also understand that this information will be kept confidential and secure for as long as the underwriter needs it.

5. I therefore authorize the staff, representatives and certain sub-contractors of the underwriter, it's holding company and subsidiaries, to collect and process the information I have provided which is relevant to my policy and to collect, process and share such information with an appointed financial adviser or other insurer either directly through us or any other institution in the financial services industry which provides a mechanism for the transmission of personal information.

6. It is your responsibility as owner of this policy to make sure that Bokhora funeral catering services always has up-to-date contact information for you and anyone that can benefit on this contract.

## **Summary of Terms and Conditions for Bokhora Funeral catering services Benefit Plan**

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### **Funeral Catering Benefits**

The funeral catering policy plans provides you with groceries and vegetables service benefit that comes with the cooking and cleaning up after the funeral as stipulated in your elected cover plan. Service to be provided in settlement of a death claim of a Principal Member or his/her nominated Family and Extended Family Members. In a cases where the catering service is not required during the funeral, R5000 is payable to the principal member subject to proper documentation provided.

### **Commencement of Insurance:**

Insurance in terms of the Policy commences on the first day of the month provided the premium in respect of the Principal Member and his/her Family and Extended Family Members is received prior to the 7th of the month.

### **Payments:**

The initiation fee and the first premium are payable in the first month and proof of payment is submitted to the office. Subsequence premiums are payable monthly in advance by either a debit order, stop order, EFT transfer or direct deposit to the company account number. In all these forms of transection, include the **reference number as your ID number**.

Premiums must be paid before the 7th of each month. If any premium is not paid continuously and timeously in terms of the Policy regarding the Principal Member lapses. And may, however, reinstate its liability on conditions which it may lay down, but in such a case no benefit is provided regarding the Principal Member and his/her Family and Extended Family.

### **Payment details:**

**Financial Institution: First National Bank (FNB)**

**Account Time: Cheque**

**Branch code: 230145**

**Name: Bokhora (PTY) Ltd**

**Account number: 62940583281**

**Waiting period:****Death due to natural causes**

In the case of death due to natural causes, cover or any increase in cover has a waiting period of:

- Six months in the case of a Principal Member, his/her Family , Members and Extended Family Members
- The waiting period specified above will also apply for Extended Family Members added after the inception of the policy.

**Coverage Area:**

We provide the catering services in Mpumalanga, Gauteng, Limpopo province within South Africa. In these areas, we cover a radius of 100Km from our offices, one located at Siyabuswa and another at Eastlynne. More than 100km radius from our offices, we charge R10 per km

**Principal Member:**

The main insured person who has chosen to join the Bokhora Funeral catering policy. The Principal Member must be between the ages of 18 and 75 years when the policy starts.

**Family Member (if applicable)**

Qualifying Spouse, Qualifying Child and Qualifying Extended Family Member.

**Qualifying Spouse (if applicable)**

A person married to the Principal Member or regarded as his/her life partner under civil, common or customary law. The spouse must not be older than 75 years when the policy starts. We only allow one spouse to be covered.

**Cancellation of Benefits / End of cover:**

The funeral catering benefits in respect of the Principal Member, Spouse, Child/ren and Extended Family Members will lapse as soon as any of these happens:

- The 30 days of grace are over and no outstanding premium(s) were paid; or
- When underwriting Group or you cancel the policy.

Payed premiums will not be refunded in case of cancelation.

**Exclusions:**

For Extended Family Members, the commission of a crime, suicide, or self-inflicted injury and deliberate exposure to exceptional danger will not be covered during the first year of membership from the date of receipt of the first 24 months premium.

**Consent to collect and share personal information:**

Bokhora may need to collect and share certain personal information about you (and the other insured persons) for administration purposes and to assess risks or consider claims for benefits under this policy. Bokhora may legally only collect, share and process information specifically related and relevant to this policy. Bokhora undertake to keep that information confidential and secure, and not to keep it for longer than it is needed. You consent to Liberty Group and Bokhora (including their staff, representatives and certain subcontractors):

- Sharing information in any related policy or other document with any other insurance company, directly or indirectly.
- This consent may limit your right to privacy. But it applies only for the above purposes and you may ask at any time for access to the information collected, processed or shared. Your con- sent is still effective after you pass away.

**Claim Procedures:**

**In an event of a claim please notify us as soon as possible to ensure timeous delivery of goods and services.**

The following documents must be provided for consideration of a claim for funeral plan benefits:

- Application for Benefits form on which the Principal Member nominated his/her Family and Extended Family Members.
- Original certified copy of the official death certificate.
- Original certified copy of the Deceased ID document.
- Original certified copy of the Principal Member ID document
- BI document

**Claims:** [claims@bokhora.co.za/](mailto:claims@bokhora.co.za) bokhora.info@gmail.com

**Complaints or comments should be directed in writing to:** info@bokhora.co.za

\_\_\_\_\_

Date

\_\_\_\_\_

signature of client/person authorized to

