Funeral Application Form

MAIN MEMBER DETAILS

Fill in your personal details here. If you want to add anyone else to the policy there is space on the next page.

ABOUT YOU

First name

Surname

ID Number

Are you a BBB Sales Force Member Yes ☐ No ☐

HOW CAN WE CONTACT YOU

WhatsApp No

Cell No

Email

WHERE DO YOU LIVE

Province

Gauteng ☐ Free State ☐ Mpumalanga ☐ Limpopo ☐ KZN ☐
North West ☐ Western Cape ☐ Eastern Cape ☐ Northern Cape ☐

City/town

Suburb/ Township

Street Name

Street No

Postal Code

YOUR BOTLE BUHLE BRANDS CONSULTANT DETAILS

Fill in the details of the BBB Consultant who gave you this form. If you are a BBB Sales Force Member, use our own details.

ABOUT YOUR CONSULTANT

Consultant's First name

Consultant's Surname

Consultant Cell No

Sales Force Code

BENEFICIARY DETAILS

A beneficiary is the person who we will pay the money to if a successful claim is made on your policy.

ABOUT YOUR BENEFICIARY

First Name

Surname

ID Number (Optional)

Date of Birth D D / M M / Y Y Y Y

Contact No

How are they related to you? Relationship (Tick one)

Child ☐ Parent ☐ Brother/Sister ☐
Aunt/Uncle ☐ Grandparent ☐ Cousin ☐ Other ☐

COVER SELECTION

This is the amount that we will pay your beneficiary if you die and a valid claim is made.

The monthly premium is shown in the table - this is how much you will pay every month.

Maim Member Cover Amount:
Please indicate below next to the amount which monthly premium you want to pay based on the cover amount in the top line

Age Bracket	R10 000	R20 000	R35 000	R50 000
18-30	50	68	94	121
31-40	64	96	144	193
41-50	70	108	165	222
51-55	78	125	194	264
56-60	90	147	234	320
61-65	107	183	296	409
66-70	141	250	414	578

ADD OTHERS

Do you want to cover anyone else on your policy? **YES** ☐ **NO** ☐

This application form is only for the main member. IF you tick "YES", we will arrange for someone to call you and quote you on adding the additional members. **Remember:**
- you can add up to 31 other members on your policy.
- You can add up to five children under the age of 18 for R10 000 cover at no cost

DEBIT ORDER DETAILS

These are the banking details we will use to collect your monthly premium. By signing this section you authorise us to debit you every month.

MAIN MEMBER BANKING DETAILS

Bank Name

Account Holder Name

(The account holder must be the same person as the policyholder

Account number

Account Type Cheque ☐ Savings ☐ Transmission/Current ☐

WHEN TO DEBIT

Debit my account on the D D of every month.

IMPORTANT: DEBIT ORDER MANDATE

By completing and signing this application form I authorise Phakama Administration Services on behalf of Asuer Financial Services and Guardrisk Life to debit my account for my Asuer Funeral cover premium payment, as chosen on this form on the chosen date each month from the specified account. This amount is the full, undiscounted amount and the actual amount debited may be lower during the first 12 months due to any discounts offered to members of the Botle Buhle Brands Sales Force. Thereafter normal premium rates will apply as per my policy documentation. I note that the payment reference as registered with the bank will appear on my bank account as: **Asuer_FUN** followed by my policy number. I understand I can cancel this at any time and that this debit order will remain in force until cancelled by me in writing.

I have read and accept the above debit order mandate ☐

COVER CONFIRMATION

Please read the terms and conditions on page 2 of the November issue of the Asuer pamphlet before you sign. You can also find the terms and conditions on www.asuer.co.za.

I confirm that I have read and understood the terms and conditions **YES** ☐ **NO** ☐

Signed by:

First Name

Surname

Signature _____ Date: D D / M M / Y Y Y Y

SUBMIT APPLICATION FORM

You can submit the completed application form by:

Emailing it to: form@asuer.co.za

WhatsApping it to: 062 783 7187

Please make sure both the front and back of the form are clearly completed.
Forms with missing or unclear information cannot be processed. Contact us on 010 823 7237.