



**APPLICATION FORM**

MAIN MEMBER (Attach copy of ID)																									
Surname																									
First Name																									
Initials					Title					ID no															
Gender	M	F	Tel no							Cell															
Postal Address																									
E-mail Address																									

SPOUSE (Attach copy of ID)																									
Surname																									
First Name																									
Initials					Title					ID no															
										Cell															

CHILDREN (Attach copy of ID)																									
Surname																									
First Name																									
Initials					Gender	M	F	ID no																	
Surname																									
First Name																									
Initials					Gender	M	F	ID no																	

SCHEME VALUE	PERSONS	MARK OPTION	PREMIUM	AMOUNT
R10 000 - Main member	1 person	Plan A	R49,00	R
R10 000 for main member and R10 000 for spouse	2 person	Plan B	R80,00	R
R20 000 for main member	1 person	Plan C	R80,00	R
R20 000 for main member and R20 000 for spouse	2 person	Plan D	R139,00	R
R10 000 - Children younger than 21, or 23 if a full time student	Per child		R19,60 per child	R
R10 000 - Physically or mental handicapped children over the age of 21 at date of application	Per child		R24,00 per child	R
			<b>Total Amount</b>	

**CLAIMS PROCESS**

Claims can be submitted at the nearest AVBOB funeral branch.

**To whom should the benefit be payable in case of the Main Member's death?**

Initials and Surname																										Relationship																								
ID no																											Cell																							

**DEBIT ORDER AUTHORISATION**

I hereby authorise the ELDERLY CARE FUND FOR RETIRED POLICE OFFICIALS to debit my account with the below mentioned bank details for the amounts payable as specified in advertisement.

**BANK DETAILS**

Account Type (indicate with a X)  Cheque  Savings  Transmission **(NB: COPY OF BANK STATEMENT MUST BE ATTACHED)**

Name of bank																										Name of Branch																								
Town/City																											Cell																							
Account Number																										Branch Code																								
Account Holder (Surname)																										Initials																								
ID no (of Account Holder)																																																		

DATE \_\_\_\_\_ ACCOUNT HOLDER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE OF MEMBER \_\_\_\_\_