

## MABHUQA SOGODI APPLICATION FORM CAR TRYE

Name	
Surname	
Id number	
Id copy attached	
Contact number/s	
Email address	
Address of the Applicant	

PLAN OPTIONS	MONTHS	AMOUNT
Gold	12 Months	R1100
Silver	18 Months	R950
Classic	24 Months	R860
Emerald	36 Months	R750
Dynamite	48 Months	R650 , R520, R450,R300 & 250

Select preferred payment method: PERSAL                      DEBIT ORDER

### PERSAL DEDUCTION AUTHORISATION (\*Mandatory/Required fields)

Full Name And Surname	Identity Number	Persal/employment number	Employers	Departmental Code	Rank	Month	Amount

I hereby authorize the Accountant of the MABHUQA SOGODI car tyre to deduct from my salary each month for the premium specified above for cover I have chosen, with effect from selected month above and monthly thereafter, and pay this amount to Mabhuqa Sogodi Insurance Company Limited from whom I have obtained a policy, until such time as I cancel this authorization in writing, or until I substitute it with a new authorization. Should the relevant premium rate be changed by Mabhuqa Sogodi as a result of an inflation related increase in premium rate, I confirm that the changed premium rate may be deducted from my salary until such time as I cancel this authorization in writing or until I substitute it with a new authorization. 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 deductions are accepted for arrear or any other premiums. Please note that your policy only starts when your first premium is collected. Please allow sufficient time from submission of your application form to the collection date. (Your payroll department may take up to two months to commence the deduction from your salary.)

Should you wish to start your first deduction via debit order, please tick the block and provide us with your banking details:

PRINCIPAL MEMBER'S **SIGNATURE:** \_\_\_\_\_ **DATE:** \*

\*Also, provide us with your banking details and deduction date below, for us to deduct premium from your bank account if your salary deduction is unsuccessful.

### DEBIT ORDER MANDATE (\*Mandatory/Required fields)

Account Holder	Branch Code	Account Type	Account Number	Name of Bank	Deduction Date	Amount

I hereby authorise ???? on behalf of Mabhuqa Sogodi to commence a debit order withdrawal from my account monthly for the premium specified above for the cover selected. I understand that the debit order will be run on the date selected. If for any reason it is not honoured, two withdrawal runs will be done the next month. In the event of this second run being dishonoured, the policy will lapse. It remains your responsibility to ensure that we receive premiums. I understand it is required that this signed document reaches Real Pay ?? offices 10 working days prior to the selected deduction date, if not, the deduction will only qualify for the following calendar month's deductions. 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. Should the relevant premium rate be adjusted by the Institution as a result of an inflation related increase in subscription/premium/payment rate, I confirm that the adjusted premium rate may be deducted. I agree that although this Authority and Mandate may be cancelled by me, such cancellation will not cancel the Agreement. I 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. I 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. The User Abbreviated Name as Registered with the Bank will reflect as follows on your bank account: Mabhuqa Sogodi followed by your policy / membership number.

PREMIUM PAYER SIGNATURE: \* \_\_\_\_\_ DATE: \* \_\_\_\_\_

### DECLARATION

I declare to the best of my knowledge and belief that the particulars given above are true and correct. I understand and agree that any wilful misrepresentation in this application will invalidate any benefit under this Policy and that I undertake to abide by the terms and conditions of the Policy. Mabhuqa Sogodi Insurance Company Limited shall not be liable for any amount until it has accepted this application and first premium. If over the age limit when joining, the claim will be repudiated and premiums refunded. I state further that I have read and understood the terms and conditions attached to this group policy. I confirm and accept the terms and conditions of this policy. I understand, accept and consent to the FICA Validation, the Processing of my Information, and the Disclosure and Sharing of my Information, per the terms and conditions

PRINCIPAL MEMBER'S SIGNATURE: \_\_\_\_\_ DATE: \* \_\_\_\_\_

PLEASE SEND COMPLETED APPLICATION FORMS TO: Email • [sibusokhanvile59@gmail.com](mailto:sibusokhanvile59@gmail.com) / [mabhugasogodi????](http://mabhugasogodi????)

**MABHUQA SOGODI:**

- A member will be referred to a nearest garage to changed tyres the process will not take more than three working days.

**COMMENCEMENT OF COVER:**

A policy commences on the 12, 18, 24, 36 and 48 MONTH of the calendar month following the receipt of the FULL 12, 18, 24, 36 and 48 MONTHLY PREMIUM.

**WAITING PERIODS:**

The following waiting periods apply:

A 12, 18, 24, 36 and 48 months will be applied as per individually choice/ option taken by a member.

payment of premiums must be paid in full for all periods chosen by a member.

**LAPSE:**

Mabhuqa Sogodi will terminate the policy when 2(two) consecutive premiums were missed.

**CANCELLATION:**

Principal Member, as well as Mabhuqa Sogodi, reserves the right to cancel this Policy upon receipt of a 30-day cancellation notice of such intention.

Mabhuqa Sogodi will cancel the policy on the first occurrence of the following:

Death of the Principal Member,

The Principle Member ceasing to pay premiums

**GENERAL:**

Each Principal Member must complete an application form choosing his/her dependants.

Benefits end on the date of death of the Principal Member, non-payment of premiums (subject to the Grace Period), or withdrawal from the Plan by the Principal Member, whichever event may occur first.

Premiums are paid up to death. • No arrear premiums will be accepted according to the terms of this policy.

A person may be covered any number of times under a Mabhuqa Sogodi car tyre Plan and/or a Mabhuqa Sogodi

**GRACE PERIOD:**

A one-month grace period is allowed to pay a missed premium once the policy is in force. If the premium is not paid within that month, the cover will end without further notice.

**PREMIUM RATE AND POLICY TERMS REVIEW:**

The premium rate payable, and the terms and conditions of the policy, shall be subject to change by Mabhuqa Sogodi at any time on three months' written notice to MABHUQA SOGODI.

**SURRENDER VALUES**

Should you wish to terminate the policy, you will not receive any cash benefit and/or surrender value. You may not use the benefits under this to be ceded or pledged in any way. No loans will be accepted against this Policy.

**FRAUDULENT CLAIMS:**

Mabhuqa Sogodi will not pay any fraudulent claim that is made against this policy. Mabhuqa Sogodi will, at its own discretion, be entitled to cancel this policy, and any other policy held by the Principal Member or claimant, with immediate effect, should any fraudulent claim be made with the knowledge or intent of the Principal Member or claimant to Safrican's detriment.

**DEBIT ORDER PROCEDURE:**

Please ensure that the debit order is drawn from your bank account on the date selected. If it is not deducted on the selected date, please contact our offices immediately.

**PURPOSE FOR PROCESSING YOUR INFORMATION**

Your information will only be used for the purpose you would reasonably expect, including; providing administrative services on behalf of your Insurer and Service Provider; to issue, administer and manage your insurance policies, to process insurance claims; to notify you, on behalf of your Service Provider, of new products or developments that may be of interest to you; to verify your identity and to confirm, verify and update your details; and to comply with any legal and regulatory requirements.

**FICA VALIDATION:**

The validity of this insurance policy is subject to the fulfilment of party due diligence obligations of the Insurer and Service Provider under the provisions of the Financial Intelligence Centre Amendment Act conducted on the identity of client(s) or persons acting on behalf of clients as well as beneficiaries, premiums payers and beneficial owners of juristic persons where applicable.

**CONSENT TO DISCLOSE AND SHARE YOUR INFORMATION:**

Your information may need to be shared to verify your identity, provide advice, reports, analyses, products or services that you have requested. Where we share your information, we will take all precautions to ensure that the third party will treat your information with the same level of protection as required by us.

**SUMMARY CLAIMS PROCEDURE:**

A member will be required to complete a claim for after a member has pay his/her monthly premium in full