



Cofesa Marketing (Pty) Ltd, P O Box 300 Florida Hills, 1716 Tel (011) 679 4373 Fax (011) 679 4393 , FSP LICENCE NUMBER: 17762

PERSONAL DETAILS

Title (Mr./Mrs./Other specify): _____ Surname: _____

Full names: _____

ID Number: _____

Occupation: _____ Annual Income: R _____

Tel (home/cell): _____ Tel (work): _____

Postal Address: _____ Code: _____

Name of Company or CC. _____

INVESTMENT IN BLACK BUSINESS DEVELOPMENT

Specify investment amount:

minimum	R 25	R 50	R 100	maximum
Employees only	R			

Medical Expenses Cover for injury on duty (IOD) of R 20 000 per annum for R 25.79 p/m

YES NO

INFORMATION OF LEGITIMATE DEPENDENTS FOR FUNERAL PLAN (DATE OF BIRTH IF NO ID)

** ID document / Birth Certificate & Marriage Certificate / Labola letter to accompany application

Surname & Full Names	ID number	Relationship	Address

LEGITIMATE NOMINATED BENEFICIARIES

Surname & Full Names	ID number	Relationship	Address

I confirm the above information to be correct and accept this to be the basis of my policy. I furthermore note and agree that the cover will incept once Cofesa Marketing (Pty) Ltd Head Office (at the given address) has received and approved this application.

Signature of applicant

Date

I, the undersigned, request Cofesa Marketing (Pty) Ltd to arrange with my bank/building society to collect the premiums payable in terms of the policy against my bank account by debit order. The date of the first withdrawal will be 1 _____ 2 _____

Bank: _____ Branch Name: _____ Branch Code: _____ Type of Account: Cheque/Savings/Transmission

Account Number: _____ Account Name: _____

Account holder Signature: _____ Date: _____ Agent: _____