Tel: 012 998-3113

1015 Paul Street.
Moreleta Park
0181
Reg. No.: 2004/022408/07 FSP No.: 27738

SA LIFE BENEFITS SPECIALISTS
Group Scheme Registration Form

Group Details	
Name	
Registration Number	
Physical Address	
Postal Address	
Telephone Number	
Fax Number	
Contact Person	
Cell Phone Number	
Bank Details	
Account Name	
Bank Name	
Branch	
Branch Code	
Account Number	
Type of Account	

DECLARATION

I, the undersigned, _____, declare the following on

behalf of _____;

- I am authorized to make this declaration and bind the above-mentioned company/ scheme to this agreement.
- I instruct SA Life Benefits Specialists to underwrite the above-mentioned company/ scheme as if from _____[entry date].
- I understand, accept, and will comply with the terms and conditions of the Master Policy of SA Life Benefits Specialists.
- I understand that this is a binding agreement for the provision of assistance insurance by SA Life Benefits Specialists to my company/ scheme.
- The above-mentioned company/ scheme is liable to pay the monthly premiums as per the agreement with SA Life Benefits Specialists. The monthly premiums due will be paid as follows:

1st Monthly Payment Due	
2nd Monthly Payment Due	
3rd Monthly Payment Due	

Signed at _____on the _____day of _____2013

_____
(On behalf of the Group Scheme, he who is authorized)
I.D. NO:

_____
(On behalf of SA Life Benefits Specialists, he who is authorized)