

South African Private Security Organisation



“SAPSO”

Psira no: 1448292

Inspection no: 25644

South African Private Security Organisation Initiative Works ---
Home for Private Security Development-----

For the sake of our industry – for the sake of our lives

We invite security officers to complete subscription form and fax the completed form to:
 SAPSO, Fax No: (086) 525 5693, Tel No: (079) 864 1742, P.O. Box 4694, Standerton, 2430.
 24 Southern Suburb, Grootdraai Dam, Standerton, 2430 **Registered Juristic Representative FSP 46620**

Underwritten by Liberty Life E-mail: tshabalalat@sapso.org.za Website: www.sapso.org.za

SOUTH AFRICAN POLICE SERVICE ACKNOWLEDGED REF NO: 45/11/3/1(178)

SECURITY OFFICERS FAMILY COMPULSORY FUNERAL COVER

(PLEASE MARK CORRECT PREMIUM AMOUNT CLEARLY WITH A CIRCLE)

EMPLOYEE COVER 6x FAMILY MEMBERS	Standard Benefit		EXPRESS Benefit	
	Scale 1	Scale 2	Scale 1	Scale 2
Policy holder under- age 65	R 10 000. 00	R 10 000. 00	R 20 000.00	R 20 000. 00
Spouse under- age 65	-	R 10 000. 00	-	R 20 000. 00
Child 14 to 21 years (25*)	-	R 10 000. 00	-	R 20 000. 00
Child 6 to 13 years	-	R 5 000. 00	-	R 10 000. 00
Child 0 to 5 years	-	R 2 500.00	-	R 5 000. 00
Stillborn (26 th week of Pregnancy)	-	R 2 500. 00	-	R 2 500. 00
Monthly Premium	R65	R75	R 95	R 113
REPATRIATION BENEFIT	YES	YES	Yes	Yes

TITLE / RANK: INITIALS: SURNAME:

EMPLOYEE NO: ID NO:

POSTAL ADDRESS: STATUTE NO: 3356 Reg. No: K6/3/9/3127

..... POSTAL CODE:

TEL: (W) (.....)..... (H) (.....)..... CELL:

EMPLOYER:

DEBIT ORDER TO COMPANY BANK ACCOUNT

BANK ACCOUNT DETAILS:

BANK: ACCOUNT NUMBER:

BRANCH NAME: BRANCH CODE:

TOWN:

ACCOUNT TYPE: (Please mark the correct option clearly with a circle)

EMPLOYER TO DEPOSIT PREMIUMS BY 03rd OF EACH MONTH ON THE FOLLOWING BANKING DETAILS

NAME : Executive Underwriting Managers TRUST Account (EUM)

BANK : First National Bank Pretoria North

Account Number : 623 150 49800

Branch code : 251045

Reference : SAPSO 3

***Registered Financial Service Provider 33564 Holding Indemnity Cover**

Unit 55, Covertt Industrial Park. 44 Jansen Road, Cnr Yaldwin, Jetpark, 1467. National Office
Bearers: T.L. Tshabalala (Secretariat Officer); T A Motloung; L P Bango; Adv C D Mzima; (Chairperson)
SAPSO

South African Private Security Organisation

TITLE / RANK: INITIALS: SURNAME:
EMPLOYEE NO: ID NO:
POSTAL ADDRESS:
.....
..... POSTAL CODE:
TEL: (W) (.....) (H) (.....) CELL:
EMPLOYER:

DEBIT ORDER TO EMPLOYEE ACCOUNT

BANK ACCOUNT DETAILS:

BANK: ACCOUNT NUMBER:
BRANCH NAME: BRANCH CODE:
TOWN:
ACCOUNT TYPE: (Please mark the correct option clearly with a circle)

1. CHEQUE

2. SAVINGS

3. TRANSMISSION

I hereby request, "Instruct" and authorize you to draw against my/our account at the above-mentioned bank (or any other bank or branch to which I/we may transfer my/our account), the sum of **A. R65.00 (Sixty Five Rand)** or **B. R75.00 (Seventy Five Rand)** or **C. R95.00 (Ninety Five Rand)** or **D. R113.00 (One hundred and thirteen Rand)** amount necessary for payment of the monthly subscription due in respect of SAPSO membership. **(Please mark correct tariff amount clearly with a circle) Membership provides this funeral benefit cover up to 4 children and spouse provided under Financial Service Provider (FSP 46620) underwritten by Liberty Life.**

A. With R10000.00 **B. With R10000.00** **C. With R20000.00** **D. With R20000.00**
(Single Cover).....(Family Cover)..... (Single Cover)..... (Family Cover)

The deduction must be made on the of every month, commencing on (date) and continuing (as the case maybe). All such withdrawals from my/ our account by you shall be treated as though they had been signed by me/us personally. I/we understand that the withdrawals hereby authorized will be processed via computer through a system known as the PS&S Magnetic Tape Service, and I also understand that details of each withdrawal will be printed on the bank statement or on any accompanying voucher. I/we agree to pay any bank charges relating to this debit order instruction. This authority may be cancelled by me/us giving you 30 days' notice in writing, sent by prepaid registered post to SAPSO, but I/we understand that I/we will not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owed to SAPSO. Receipt of this instruction by SAPSO shall be regarded as receipt thereof by my/our bank (whichever it is or will be). I understand that the subscription and SAPSO membership fees can be increased from time to time and that this authority is deemed to include such increases. I understand that if a subscription is wrongly deducted from an account due to incorrect information supplied by me, SAPSO is indemnified against any legal action that might arise from such wrong doing. I understand that if my banking details change and I do not inform SAPSO thereof or if insufficient funds are in my account on activation of the debit order, SAPSO will cancel the benefits it provide to me solely on myself being a member after the first refusal of payment from the bank. **I AGREE THAT THE ABOVE INSTRUCTIONS MAY BE PERFORMED BY ANY INSTITUTION APPOINTED BY SAPSO INCLUSIVE OF SOCINGA JURISTIC REPRESENTATIVE FSP 46620. I have read and will abide by all provisions of SAPSO Constitution.**

.....
SIGNED AT (PLACE)

SIGNATURE

DATE.....

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