



South African Private Security Organisation

MEMBERSHIP APPLICATION FORM



SOCINGAMGABADELI
CONSULTANCY AND PROJECTS (PTY) LTD

HEAD OFFICE
Physical address:
Unit 55, Covert Industrial, 44 Jansen Road,
Cnr Yaldwin, Jet Park, Boksburg, 1467
Standerton Office:
24 Southern Suburbs, Grootdraai Dam, Standerton, 2430
Indemnity Cover held by Executive Underwriting
Managers Registered Financial Services Provider 33564

AN AUTHORISED FINANCIAL SERVICES PROVIDER FSP No. 46620

Scheme Name:	Membership No.
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POLICY HOLDER / SPOUSE DETAILS	
TITLE / RANK:	INITIALS: SURNAME:
EMPLOYEE NO:	ID NO:
(SPOUSE) SURNAME.....	FIRST NAMES.....
TITLE/RANK:.....	ID NO..... DOB.....
POSTAL ADDRESS:	
..... POSTAL CODE:	
TEL: (W) (.....)..... (H) (.....)..... CELL:	
REQUIRED PACKAGE:..... COVER..... PREMIUM A ..:R.....	

UNMARRIED CHILDREN / DEPENDANTS DETAILS

FULL NAMES (SURNAME FIRST)	DATE OF BIRTH	RELATIONSHIP
1.		
2.		
3.		
4.		

EXTENDED FAMILY DETAILS

FULL NAMES (SURNAME FIRST)	D O B	ID Number	Relationship	Cover	Premium
1.				R	R
2.				R	R
3.				R	R
4.				R	R
TOTAL MONTHLY PREMIUM A + B = R				B TOTAL	R

NOMINATED BENEFICIARY

TTLE	FULL NAMES	DATE OF BIRTH	ID NUMBER	RELATIONSHIP

METHOD OF PAYMENT	CASH	DEBIT ORDER	EMPLOYER PAY ROLL
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DECLARATION

I declare that the information supplied above is to the best of my knowledge true complete and correct. I hereby authorise SAPSO and its Agents to draw against my account or salary the premium payable under the above plan from time to time as I have signed the attached debit form too as an instruction to my Bank or this request to my employer payroll system

DECLARATION OF HEALTH

- | | | | |
|---|-----|----|----|
| 1. Are You, your Spouse, Dependants and Extended Family in good health? | YES | OR | NO |
| 2. If "NO", specify any medical complaint fully (policyholder, Spouse, Dependants, Extended Family) | | | |

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ACCOUNT HOLDER's SIGNATURE

.....
POLICY HOLDER's SIGNATURE

.....
DATE