(Registered under Friendly Societies Act Reg. No. 13/8/747/1) Private Bag x25, PLUMSTEAD, 7880



## **APPLICATION FORM - South African Members Only**

gregation:Congregation Code:				
Principal Member	Member No:			
Name:  Surname:    ID:  D.O.B:    Address:  Contact No:				
Dependants				
Spouse: Children under 21	ID:			
Nominated Beneficiary Name: II Relationship:	D Number:			
I, the undersigned, hereby apply for membership of the NAC Buria	I Fund SA			
I declare that my dependants and I are in good health and free fror I understand that my application covers only my spouse and unma				
**Exceptions:				
A general 3 month waiting period does apply. The maximum age for Pre-existing conditions clause at 6 months before and 6 months a I understand that premiums are paid annually in advance as deter	ter application does apply.			
Signature of Applicant:	Date:			
Please complete the application form and email it to burial@nac-sa	.org.za			
Once your application is registered you will receive a certificate of r and indicating the amount due.	nembership displaying an EasyPay reference number			
This amount must only be paid via EasyPay online or at one of the The premium due for this application is based on a pro-rata sched determined annually by the Fund.	once the payment has			

		CONSENT FORM					
CLIENT (Name and Surname)							
RESPONSIBLE PARTY		AFRICAN UNITY LIFE LIMITED (AUL)					
AUL Email	complai	complaintpopi@africanunity.co.za AUL Tel No		0861 234 555			
AUL Information Officer		Mr Johan Ferreira	AUL Fax No	0861 234 556			
frican Unity life Limited ("AUL") underst we are		information is important to yo rd and process your informatio		iust as in	portant to AUL a		
CONSENT FOR THE PROCESSING OF PER		FOR THE PURPOSES FACILITAT	ING THE SERVICES AS WELL	AS DIRE	CT MARKETING I		
hereby give my consent to receive direct			ans of electronic communic	ution	IAGREE		
					AGREE		
THE SERVICES	<ul> <li>to verify you</li> <li>to process y</li> <li>to confirm, you</li> <li>to use your</li> <li>enhance the</li> <li>to comply w</li> </ul>	term Insurance Products, Long- ur identity our application and future clain verify and update your details Personal Information in Afric e overall risk management of yo rith any legal and regulatory re- u of new products ore develop	ns an Unity's risk models and our insurance offering quirements	_			
		OSURE IN TERMS OF POPIA					
YOUR RIGHTS	<ul> <li>accessed or</li> <li>to request a</li> <li>to request th</li> <li>to <u>object</u> to proceed sho</li> <li>not to have unsolicited e</li> <li>not to be su information</li> <li>to submit a outcome yo</li> </ul>	complaint to African Unity's I u are entitled to submit your c civil proceedings regarding the	ons tion held by any Responsible eletion of your personal info al information; ( <b>please note</b> <b>n and processing of your per</b> rocessed for purposes of of ss you have provided conse d on the basis of automate nformation Officer, should complaint to the Information	e Party prmation <i>that you</i> <i>rsonal ir</i> lirect ma nt d proces you not Regulate	<b>Ir application car</b> <b>Iformation</b> ) rketing by mean sing of your perso be satisfied with or		
PURPOSE		ormation is collected, processe nclusion of the application for ur insurance.					
INFORMATION SHARING	it is for purposes of managing your ins disclose your info	Ltd. will not share your inform of facilitating the conclusion of surance. African Unity may the rmation to any of our legitimat mplementary to the purpose o	this application for insuran refore with your permissior e business partners should	ce and I, it be	I AGREE		
	information with	Where information is shared, 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. Your information may be hosted on servers managed by a third-party service provider which may be located outside of South Africa					

Date .....