



**APPLICATION FORM - South African Members Only**

Congregation: ..... Congregation Code: .....

<b>Main Member</b>	<b>Member No:</b> .....
Name: .....	Surname: .....
ID: .....	D.O.B: .....
Address: .....	Contact No.: .....
.....	Email Address: .....
.....	

<b>Dependents</b>	
Spouse: .....	ID: .....
Children under 21	
.....	ID: .....
.....	ID: .....
.....	ID: .....
.....	ID: .....

<b>Nominated Beneficiary: First Choice</b>	
Name: .....	ID: .....
Relationship: .....	

I, the undersigned, hereby apply for membership of the NACBFSA.

I declare that to the best of my knowledge, my dependents and I are in good health and free from any disease, disorder, or ailment **\*\***(exceptions detailed below). I understand that my application covers only my spouse and unmarried dependents (under 21) at the time of application.

**Health Exceptions:** .....

A general 3-month waiting period applies. The maximum age for new members joining the NACBFSA is 65. Suicide is excluded for the first 12 months from date of joining. I understand that premiums are paid annually in advance as determined by the Fund.

**No electronic signatures permitted – you must have an actual signature on this form.**

Signature of Main Member: ..... Date: .....

Please complete the application form and email it to [burial@nac-sa.org.za](mailto:burial@nac-sa.org.za)  
Once your application is registered, you will receive a certificate of membership displaying an EasyPay reference number and indicating the amount due.  
This amount must only be paid via EasyPay online, or at one of the partner stores displayed.  
The premium due for this application is based on a pro-rata schedule which is determined annually by the Fund.

**NB: Cover only commences once the payment has been received by the NACBFSA.**

# PROTECTION OF PERSONAL INFORMATION – Act 4 of 2013 (POPIA)

## CONSENT FORM

### MAIN MEMBER

(Name and Surname): .....

**RESPONSIBLE PARTY:** Clientèle Life Assurance Company Limited (Clientèle Life)

**Clientèle Life Email:** services@clientele.co.za

**Clientele Life Tel No:** 011 320 3000

Clientèle Life Assurance Company Limited (Clientèle Life) understands that your personal information is important to you, therefore your privacy is just as important to Clientèle Life, and we are committed to safeguard and process your information in a lawful manner.

### CONSENT FOR THE PROCESSING OF PERSONAL INFORMATION FOR THE PURPOSES FACILITATING THE SERVICES AS WELL AS DIRECT MARKETING IN TERMS OF SECTION 69(2) OF POPIA

*I hereby give my consent to receive direct marketing of goods or Services to be marketed by means of electronic communication.*

**I AGREE**

**THE SERVICES** In terms of Long-term Insurance Products, Long-term Insurance Category 1

- to verify your identity
- to process your application and future claims
- to confirm, verify and update your details
- to use your Personal Information in Clientèle Life's risk models and building personal profiles to enhance the overall risk management of your insurance offering
- to comply with any legal and regulatory requirements

### DISCLOSURE IN TERMS OF POPIA

- YOUR RIGHTS**
- to be notified that personal information is being collected or that your personal information has been accessed or acquired by unauthorised persons
  - to request access to your personal information held by any Responsible Party
  - to request the correction, destruction, or deletion of your personal information
  - to **object** to the processing of your personal information; **(please note that your application cannot proceed should you object to the collection and processing of your personal information)**
  - not to have your personal information processed for purposes of direct marketing by means of unsolicited electronic communication unless you have provided consent
  - not to be subject to a decision solely based on the basis of automated processing of your personal information
  - to submit a **complaint** to Clientèle Life's Information Officer, should you not be satisfied with the outcome you are entitled to submit your complaint to the Information Regulator
  - to institute civil proceedings regarding the alleged interference with the protection of your personal information

**PURPOSE** Your personal information is collected, processed, and will be recorded and stored for purposes of facilitating the conclusion of the application for insurance you have applied for as well as maintaining and risk managing your insurance.



AFS Financial Services, a division of UniQ Benefit Solutions Proprietary Limited  
UniQ Benefit Solutions Proprietary Limited is an authorised Financial Services Provider, FSP 52006  
Insurance benefits are underwritten by Clientèle Life Assurance Company Limited, a licensed Life Insurer and an authorised Financial Services Provider, FSP 15268

**INFORMATION SHARING**

Clientèle Life Assurance Company Limited will not share your information with any third party unless it is for purposes of facilitating the conclusion of this application for insurance and managing your insurance. Clientèle Life may therefore with your permission, disclose your information to any of our legitimate business partners should it be necessary and complementary to the purpose of maintaining your insurance.

**I AGREE  
(INITIAL)**

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.

I have Read and confirm that I Understand the Disclosures

Main Member full Name and Surname: .....

Signature of Main Member: ..... Date: .....