

Application Form

Info@graphenes.co.za | www.graphenes.co.za

Applicant's Name _____ Policy number _____

Date _____ Gender Male _____ Female _____

ID Number _____ Method of Payment CASH, EASYPAY or DEBIT

Contact number _____ Choose your plan with Tick ✓

Spouse Details

Full Name _____

Address _____

GROCERY BENEFIT

AGE BAND	PAYOUT	MONTHLY PREMIUM	TICK BELOW ✓
Under 85	R10 000	R250	
Under 85	R15 000	R300	
Under 85	R20 000	R350	
Under 85	R30 000	R450	

Member + 15 (Member, Spouse, 6 Children (Under 21) & 8 Extended Member (4 Under 65 & 4 Under 85))

6 Children under 21

No	Names	Surname	Identity Number	Relationship
1				
2				
3				

4				
5				
6				

8 extended members (4 under 65 and 4 under 85)

No	Names	Surname	Identity Number	Relationship
1				
2				
3				
4				
5				
6				
7				
8				

Beneficiary

Name & Surname	
ID Number	
Contact Number	
Address	

GRAPHENES GROCERY BENEFIT LIST 2025

VEGETABLES

PRODUCT	SIZE	QUANTITY
TOMATOES	3KG BOX	X2
POTATOES	10KG BAG	X2
CABBAGE	10KG SACK	X2
BUTTERNUT	5KG SACK	X2
ONIONS	10KG SACK	X2
GREEN PEPPERS	3KG BOX	X2
CARROTS	3KG SACK	X2
BEETROOT	5KG BAG	X2

GROCERY

PRODUCT	SIZE	QUANTITY
MAIZE MEAL	12.5 KG	X2
MABELE A TING	10 KG	X2
RICE	10 KG	X1
SAMP	10 KG	X1
FLOUR	10 KG	X1
SUGAR	10 KG	X1

SOUP	10X 50G	X2
COOKING OIL	5L	X2
SALT	1 KG	X1
AROMAT	900G	X1
RAMA MARGARINE	500G	X10
EGGS	MEDIUM SIZE 60X	X1
MILK	1L	X12
CREMORA	1KG	X2
NESCAFE RICOFFY	750G	X1
JOKO TEA BAGS	100X TEABAGS	X1
ROOIBOS TEABAGS	200G 80X	X1
MAYONAISE	3KG	X1
TOMATO SAUCE	2L	X1
BAKED BEANS	410G	X24
BEEF/CHICKEN STOCK	10G 24X	X2
VARIETY OF SPICES	1KG	X2
BAKING POWDER	500G	X1
VINEGAR	1L	X2
MS. BALLS CHUTNEY	1.1KG	X2

CLEANING MATERIALS

PRODUCT	SIZE	QUANTITY
THICK BLEACH	5L	X1
DISHWASHER	5L	X1
TOILET ROLLS	20X	X1
STEEL WOOL	500G	X1
WASHING POWDER	5KG	X1
STA SOFT	REFIL 800G	X5

MEAT

PRODUCT	SIZE	QUANTITY
CHICKEN MIXED POTION	2KG	X10
BEEF STEW	5KG	X4

EXTRAS

1. R200 AIRTIME FOR ANY NETWORK
2. DISPOSABLE PLATES, SPOON, CUPS
3. 5L CONCENTRATES JUICE

SPECIAL CONDITIONS

- Cover will only commence from the date of the first premium has been honoured or paid to **Graphenes Funerals** through the agreed method of payment.
- A one-month grace period will apply when one (1) month's premium is outstanding.

- Premiums shall be payable in advance to **Graphenes Funerals** by the policyholder at the premium rate and premium frequency as specified in the policy schedule.
- **Graphenes Funerals** will terminate the policy on the first occurrence of the following: The Main member ceasing to pay premiums subject to the grace period and when policy is terminated.
- Upon the death of any person insured under this policy, notice of the claim together with all the necessary supporting documentation required by the insurer must be submitted to **Graphenes Funerals** within 6 (SIX) months from the date of death. No claim, where documentation is submitted after 6 months of the date of death, will be honoured.
- Payments shall be made from the commencement date to the date of termination of the policy.
- Should a single member convert to a family or any other cover, a new application must be completed, and the six (6) month waiting period will apply to all additional dependents.
- If an existing member policy elects a higher benefit or choose a higher plan, when taking up the continuation option, than that under the existing scheme, a waiting period will apply.
- Suicide will not be covered during the first 12 (twelve months) of membership.
- 6 months waiting period will apply in cases where a member has elected an increase on a benefit amount.

CLAIMS

The Following documents are required at claim stage:

- Clear Certified ID copy of main member ID card/book,
- Clear Certified ID copy of the deceased ID card/book,
- (3) Clear Certified copy of a death certificate,
- Clear Copies of BI1663 (all 3 pages),
- Clear Copy of a Police Report (in an event of an unnatural death) and Proof of bank account not older than 3 Months

I, the undersigned, hereby declare and warrant that all information supplied herein is true and complete. I am aware and understand that any non-disclosure or misrepresentation of information, which is material to the determination of the risk by Rand Mutual Assurance Life Ltd may lead to the policy being declared null and void, in which case all premiums paid will be forfeited. I am certain that the product for which I am applying meets my needs and feel that I have all the necessary information to make an informed decision in respect of the purchase thereof.

The Long-term benefits under this policy are subject to the provisions as set out in the Rand Mutual Assurance Life Ltd statutes and the provisions of the master policy. The long-term policy shall come into force and effect on the inception date, provided that the offer for insurance made by the policyholder by way of the proposal form is unconditionally accepted by Sedibogolo (Pty) Ltd and the first premium in terms of the policy was received by Rand Mutual Assurance Life Ltd.

Applicant's signature: _____ Inception Date ____/____/20____ (always the 1st day of the following month)