



Hospitality Group Funeral Insurance Scheme Application form

Employer's Details

Name of employer:	<input type="text"/>		
Address (for future correspondence):	<input type="text"/>		<input type="text"/>
	<input type="text"/>	Postal code:	<input type="text"/>
Contact person:	<input type="text"/>	Telephone number:	<input type="text"/>
Commencement date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	E-Mail Address:	<input type="text"/>

Payment

Every employer shall ensure that the amount referred to in sub-clause 21B(2) Funeral Benefit of the Bargaining Collective agreement dated 16 July 2020, is paid monthly in advance by debit order or by electronic transfer to **Standard Bank, Braam-fontein Branch, Branch Code: 004805, Account Number: 000462136.**

Payment by Debit Order

Name of Bank:	<input type="text"/>	Branch:	<input type="text"/>
Branch Code:	<input type="text"/>	Type of Account:	<input type="text"/>
Account Number:	<input type="text"/>	Amount:	<input type="text"/>

I, authorise Extra Dimensions 1184 CC, Licence No: 38344 to debit my account as shown, with the monthly permium due.

Signature of authorised official

Date (dd/mm/yyyy)

Payment by Electronic Transfer

Employers, using electronic transfer as their method of payment, must submit proof of payment, this proof must clearly reflect Extra Dimensions 1184 CC as the recipient of the payment, also the name of the employer and the amount paid into the above account number. This proof must be faxed to: **011 672 5803** or e-mail to **claims@tshepong.co.za**

Declaration

I, in my capacity as

of the above named employer hereby declare that the information is correct and the employees listed as per the schedule represent my total workforce. I understand that cover for the current and future employees will commence on the first day of the month following the month during which the premium is received by Metropolitan, subject to the approval of the employer's participation in the scheme by Metropolitan.

Signature of authorised official

Date (dd/mm/yyyy)

Our Contact Numbers are as Follows: Tel no: 011 472 3028 / 263, 011 672 4699. Fax no: 011 672 5803 / 087 237 0576

Website: www.extradimensions.org.za