



# Hospitality Group Funeral Insurance Scheme Application form

## Employer's Details

|                                      |  |  |  |                   |  |  |
|--------------------------------------|--|--|--|-------------------|--|--|
| Name of employer:                    |  |  |  |                   |  |  |
| Address (for future correspondence): |  |  |  |                   |  |  |
| Contact person:                      |  |  |  | Postal code:      |  |  |
| Commencement date:                   |  |  |  | Telephone number: |  |  |
|                                      |  |  |  | E-Mail Address:   |  |  |

## Payment

Every employer shall ensure that the amount referred to in sub-clause 21B(2) Funeral Benefit of the Government Gazette No. 44058 dated 18 December 2020, is paid monthly in advance by debit order or by electronic transfer to **Standard Bank, Braamfontein Branch, Branch Code: 004805, Account Number: 000462136.**

## Payment by Debit Order

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| Name of Bank:   |  |  | Branch:                                   |  |  |
| Branch Code:  |  |  | Type of Account:                          |  |  |
| Account Number:   |  |  | Amount:                                   |  |  |
| <p>I <input type="text"/> authorise Extra Dimensions 1184 CC, Licence No: 38344 to debit my account as shown, with the monthly premium due.</p> |  |  |   |  |  |
| <input type="text"/><br>Signature of authorised official  |  |  | <input type="text"/><br>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](http://www.extradimensions.org.za)