REMITTANCE ADVICE

SAFRICAN INSURANCE COMPANY

Policy Name:_____ Policy No:_____

Scheme Name:_____ Scheme No:_____

Address:_____ Code:_____

Premium Details: **Premium submitted must be allocated to :** m m / c c y y

Current unit premium rate per member per month		:	**R**		
Number of members brought forward from the previous month	:				
Plus: number of new members joining this month	:				
Less: number of members who resigned this month	:				
Total number of members covered this month	:	x	**R**	=	**R**
Unit premium rate per Extended Family Dependant under age 65		:	**R**		
Number of Extended Family / Parents or Parent- in-law covered	:	x	**R**	=	**R**
Unit premium rate per Extended Family Dependant 65 to 74		:	**R**		
Number of Extended Family / Parents or Parents-in-law covered	:	x	**R**	=	**R**
Arrears (specify month/s to be allocated to, attach breakdown)					**R**
Total premium payment					**R**

I hereby confirm that the rate indicated is the rate as per the Policy document or latest Endorsement to such effect, and that the number of members as indicated on this Remittance Advice is correct according to our records. Attached receive the following:

❑ Member / Deduction Schedule ❑ New member applications ❑ List of members who have resigned

Signed:_____ Date:_____

Name:_____ Designation:_____

Tel No: ( )_____ Fax No: ( )_____ e-mail:_____

Payment Method:

❑ Cheque payable to Safrican Insurance Company Limited marked 'Not Transferable'

❑ Direct Deposit / E.F.T. : **Nedbank Rissik Street Branch**
Branch code: 1968 0500
Account Number: 1968 345957
Account Holder: Safrican Insurance Company Limited

(Remittance Advice and copy of confirmation of deposit must be faxed to relevant Safrican Office)

For Office use only:

Policy Number:	Scheme Number:	Doc.	M M Y Y Y Y	Initials:
		0 2		

Deposit No:	Deposit Amount:	❑ System Premium correct	❑ Submitted Premium correct

Head Office:
PO Box 616,
Johannesburg, 2000
Tel: (011) 332-4744
Fax: (011) 332-6619

Cape Town:
PO Box 4921
Cape Town, 8000
Tel: (021) 419-0090
Fax: (021) 421-0104

Port Elizabeth:
PO Box 35036
Newton Park, 6055
Tel: (041) 363-1477
Fax: (041) 363-0208

Durban:
PO Box 429
Durban, 4000
Tel: (031) 305-1800
Fax: (031) 304-3738

SAFRICAN
TAKING CARE OF TOMORROW, TODAY