

MAXISA REWARDS APPLICATION FORM			AGENT		ORGANIZATION	
MEMBER INFORMATION		REWARD OPTION		CARD NUMBER		
TITLE	Mr Miss Mrs	FULL NAME			SURNAME	
IDENTITY NUMBER					EMAIL ADDRESS	
CONTACT NUMBER	1			2		
PHYSICAL ADDRESS						

INFORMATION OF SPOUSE AND CHILDREN WHO WILL ENJOY THE SAME REWARDS BENEFITS					
	FULL NAME	SURNAME	ID NUMBER		CARD NUMBER
				SPOUSE	
1				CHILD 1	
2				CHILD 2	
3				CHILD 3	
4				CHILD 4	
5				CHILD 5	

BENEFICIARY INFORMATION					
TITLE	Mr Miss Mrs	FULL NAME			SURNAME
IDENTITY NUMBER					EMAIL ADDRESS
CONTACT NUMBER	1			2	
PHYSICAL ADDRESS					

FINANCIAL INFORMATION					
ABBREVIATED NAME AS REGISTERED WITH THE BANK AND WHICH WILL SHOW ON MY BANK STATEMENT IS: MAXI					
ACCOUNT HOLDER				CONTACT NUMBER	
BANK NAME				DEBIT DATE	
BRANCH CODE		ACCOUNT TYPE		ACCOUNT NUMBER	

This signed authority and mandate refers to our contract dated..... for the amount of R and ("the Agreement"). We hereby authorize Maxi Rewards and the collecting agent Softy Comp to issue and deliver payment instructions to your banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on..... and continuing until this Authority and mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and send by prepaid registered post or delivered to your address as indicated above. The individual payment instructions so authorized to be issued must be issued and delivered monthly. In the event that payment day falls on a Sunday, or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. I authorize the use of a tracking debit order on my account to ensure that I meet with the obligations of this agreement I authorize the use of a tracking debit order in the event that there are insufficient funds in the nominated account to meet with the obligation of this agreement, this necessitates representation of the debit order at my bank or payment as soon as sufficient funds are available in my account Payment instructions due in December may be debited against my account on..... I/we understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement

B. Mandate I/we acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally. I understand that reward benefits and the cost there off can change with 1 month notice.

C. Cancellation I/we agree that although this authority and mandate may be cancelled by me/us, such cancellation will not cancel the agreement. I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you. A letter must be emailed to info@maxisa.co.za to legally cancel the Maxi Rewards program.

D. Assignment I/we acknowledge that this authority may be ceded or assigned to a third party if the agreement is also ceded or assigned to that third party, but in the absence of such assignment of the agreement, this authority and mandate cannot be assigned to any third party. I, hereby grant Maxi Rewards (Pty) Ltd and Softy Comp permission to debit my account on the debit date above, for the premium amount of the Maxi Rewards program. I hereby confirm that I understand that on the free funeral benefit, death due to natural causes, have a six-month waiting period for members under 70. Members from 70 to 85 years have a 12 month waiting period from inception date.

SIGNED AT..... ON THIS..... DAY OF.....		Maxi Rewards (Pty) Ltd. CK: 2014/175040/08 Tel 031 262 0552 info@maxisa.co.za www.maxisa.co.za	
(Signature of account holder)	(Signature of main member)		
FULL NAME	FULL NAME		