APPLICATION FOR REPLACEMENT OF CARD / PIN REISSUE

PERSONAL, SOLE PROPRIETORSHIP AND JOINT (DELETE INAPPLICABLE)

CABS
A MEMBER OF THE OLDMUTUAL GROUP

ACCOUNT NUMBER | CUSTOMER NUMBER

I/We _____

Of _____

_____

CELL:
TEL. (W):
TEL. (H):
EMAIL: _____

PLEASE TICK APPROPRIATE BOX BELOW **MAKE OATH AND SAY THAT**

LOST CARD ☐ I am/We are the legal holder(s) of the undermentioned card issued by the Society. The said card has been lost/stolen/ destroyed and in the consequence thereof I/we hereby apply to the Society for the issue of a replacement.
Was the loss reported over the phone? YES ☐ NO ☐ Was the loss reported over the phone? YES ☐ NO ☐
Were any purchases made at a merchant during the last 10 days! YES / NO IF YES please give details- .....
.....

FAULTY/ DAMAGED CARD ☐ I am/We are the legal holder(s) of the undermentioned card issued by the Society. The said card is faulty and in consequence thereof I/we hereby apply to the Society for the issue of a replacement. I/We have not disclosed the PIN to any other person(s).

PIN-REISSUE ☐ As I/we have forgotten my/our Personal Identification Number (PIN), I/we hereby make an application for Pin-Reissue.

ACCOUNT TYPE *(tick where applicable)*

GOLD TRANSACTIONAL ☐ BLUE TRANSACTIONAL ☐ SPECIAL 60 PLUS TRANSACTIONAL ☐ PLATINUM TRANSACTIONAL ☐
GOLD SAVINGS ☐ BLUE SAVINGS ☐ SENIOR CITIZEN TRANSACTIONAL ☐ PLATINUM SAVINGS ☐

CUSTOMER IDENTITY DETAILS

DATE:..... **SIGNATURE:** .....

CABS Funeral Benefit Plan

Would you like a CABS Funeral Plan for yourself? YES ☐ NO ☐ If yes, please tick the appropriate premium below.

This will authorise CABS to automatically deduct the premiums from your account each month.

Sum Assured	$500	Tick	$1,000	Tick	$2,000	Tick	$5,000	Tick
Monthly premium for adults to age 65 years	$3.00	☐	$4.00	☐	$7.00	☐	$16.00	☐
Monthly premium for adults 66 and above	$5.00	☐	$10.00	☐	$17.00	☐	–	☐

Beneficiary for proceeds :- Full Names..... ID Number .....

DOB d d m m y y Phone/ Cell number ..... Email address.....

* After 10 years of paying premiums, and provided that all premiums have been paid, the policy becomes PAID UP meaning that the premiums cease BUT the funeral cover remains for life.

NB: All benefits under this policy have a waiting period of THREE months unless death is due to an accident as defined overleaf. For members aged between 66 and 75 years at entry, the waiting period is SIX months.

I/We hereby declare that I/We have read and understood the terms and conditions of the CABS Funeral Benefits Plan shown overleaf.

Signature: ..... Date.....

Would you like someone to contact you about any of our **Life, Pension, Funeral, Short Term, Textacash, Unit Trusts, or any other CABS product or Investment solution?** YES ☐ NO ☐

PRIVACY NOTICE

CABS would like to offer you ongoing banking services and may use your personal information to provide you with information about products or services that may be suitable to meet your financial needs. CABS will also share your information with the other companies within the Old Mutual Group for purposes of offering you with other financial services within the Group.

We may use your information or obtain information about you for the following purposes:

- Credit searches and/or verification of personal information
- Fraud prevention and detection
- Market research and statistical analysis
- Audit & record keeping purposes
- Compliance with legal & regulatory requirements
- Verifying your identity
- Sharing information with service providers we engage to process such information on our behalf or who render services to us.

These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

You may access your personal information that we hold and may also request us to correct any errors, update or to delete this information. In certain cases, you have the right to object to the processing of your personal information.

You also have the right to complain to our regulator, the Reserve of Zimbabwe, whose contact details are:

https://www.rbz.co.zw/
Toll Free Numbers

0800 6009 - Telone landlines only
0808 6770 - Econet lines only
Or +263 242 703000
email: info@rbz.co.zw

To view our full Privacy Notice and to exercise your preferences, please visit our website on www.cabs.co.zw

FOR FRONT OFFICE USE ONLY

Branch Name:_____ Branch Code:_____

Account Balance: _____ Card to be sent to: _____

Customer Sales Consultant/ Teller: _____ Signature: _____

Operations Manager/Officer: _____ Signature: _____

Date: _____

FOR BACK OFFICE OPERATIONS USE ONLY

Customer Details & Signature Verified By: _____ Signature: _____

Card Issue Administrator: _____ Signature: _____

Card ID Request Number: | | | | | | | | | | | | | | | | |

Team Leader: _____ Signature: _____

Date: _____

Debit Card Number: | | | | | | | | | | | | | | | |

TERMS AND CONDITIONS FOR CABS FUNERAL BENEFIT PLAN ONLY

1 Product Overview

The Old Mutual Funeral Plan offers you an affordable and flexible means of providing funds to meet funeral expenses in the event of your death. Funeral cover is provided for life and the benefit can be purchased by monthly premiums payable for 10 years. You can get cover up to a maximum of USD 5,000. The maximum cover applies to the total cover that can be provided by the underwriter for all your funeral policies. Your cover starts on the first day of the month following the first premium payment.

2 Benefits

All benefits under this policy have a waiting period of THREE months unless death is due to an accident as defined on the 1st page. If you are aged between 66 years and 75 years at the time of purchasing the policy, the waiting period is SIX months. Accidental death shall be covered immediately after the payment of the first premium.

Accidental death shall mean death caused directly and independently of all other causes, by bodily injury resulting solely from external, violent and unintentional means and was not directly or indirectly attributable to or accelerated by any of the causes as stated below.

No benefit will be payable if death occurs as a result of:

- Nuclear activity or radioactivity
- Willful exposure to danger by the life assured except in an attempt to save human life
- War, enemy hostilities, commotion, insurrection, revolution, military seizure of power or the usurping of power or any act of any person acting on behalf of or in connection with any organisation with activities directed towards the overthrow by force of the government de jure or de facto or to the influencing of terrorism or violence.

3 Premium Commitment

One premium is due on the first of each calendar month. 30 days grace is allowed for payment of premium during which full cover will be available. If the premium is not paid within the grace period, the policy shall enter a reinstatement period.

3.1 Reinstatement period

a. The reinstatement period is 3 months and you will not be covered during this time.
b. If a premium is received during reinstatement, the policy is revived and cover is restored immediately.
c. If no premium is received by the end of the reinstatement period, the policy lapses.
d. There will be a maximum of 3 reinstatement periods.
e. Premiums missed during the reinstatement period will not need to be repaid.

Claims

To make a claim your beneficiary will need to produce

- A completed claim form
- original burial order, death certificate or certificate of cause of death
- I.D. of the beneficiary
- Police report in the case of an accident

Unless the Underwriter receives written notification within forty five days of death resulting in a claim being made against this policy, the Underwriter shall in no case whatsoever be liable to pay any benefit. The beneficiary shall duly complete such forms and give such additional details and assistance and furnish such proof in relation to claims as the Underwriter at its discretion may require.

Cooling off period

If cancellation of this policy occurs within 30 days of the account holder receiving the summary of the Terms and Conditions (which is when the application form is signed), the total premium/s paid will be refunded provided that an insured event has not happened.

Assignment

This policy shall not be capable of being ceded or transferred under any circumstances whatsoever.

FOR OFFICE USE ONLY

CABS Staff Member's Name ..... Staff Code .....

CABS Branch Site Number .....

CABS Funeral Policy Number .....

Checked By _____ Signature _____ Date _____

Underwritten by Old Mutual Life Assurance Company Zimbabwe Limited