

Contact Details:
Phone: 086 1st LIFE (086 178 5433)
Fax: 086-555-0035
Email: marketing@firstlife.co.za

FirstLIFE Membership Application Form

To be completed by all individuals wishing to join the FirstLIFE Membership, whether or not the membership is being paid by the individual or the corporate

Choose your effective Start Date ___ / ___ / 20__

Applicants Personal Information			
Name:		Surname:	
ID Number:		Mobile:	
Date of birth:		Office:	
Email:		Fax:	
Postal Address:			
City:		Postal Code:	

Details of the Financial Service Provider for which you currently contract			
Business Name:		Length of service	
Business address:			
City:	Province:	Postal Code:	
Phone:	E-mail:	Fax:	
Position / Title	FSB License Number:	Registered as	KI / Rep / Both

Highest Level of Relevant Industry Education			
Educational Institute:		Qualification:	NQF Level: Year Completed:
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Experience (PLEASE enter the number of years experience in each field)			
Discipline	Discipline	Discipline	
Financial Planning	Long Term Insurance	Short Term – Personal Lines	
Life Coaching	Debt Counseling	Short Term – Commercial	
Estate Planning	Tax Planning	Investment Planning	
HealthCare	Corporate Planning	Business Assurance	
Home Loans	Debt Consolidation		

Which Companies are you authorised to market?					
Altrisk	Alexander Forbes Life	BOE Life	Auto and General	Regent	
Capital Alliance	Discovery Life	Liberty Life	Mutual and Federal	Etana	
Metropolitan Life	Momentum Life	Old Mutual	Santam		
PPS	Resolution Life	Sanlam	Centriq		
Other:	Other:	Other:	New National		

General Questions		
Have you ever been denied, or had suspended or revoked, or is there pending any proceeding to deny, suspend or revoke any license or registration to practice any profession, occupation or vocation?	Yes	No
Have you ever been refused professional or other indemnity insurance?	Yes	No
Have you ever been disciplined or dismissed by a professional organisation or employer on ethical or legal grounds?	Yes	No
Have you, or any firm with which you were associated ever been subject to legal action, reparation or arbitration proceedings relative to performance or lack of performance of duties of a financial nature, dishonesty or fraud?	Yes	No
Have you ever applied for Debt Counseling, or are you currently on debt counseling. Or debt review?	Yes	No
Do you have any adverse credit listings, or are you listed on any credit bureau.	Yes	No
Have you ever been convicted of, or pleaded guilty to any criminal convictions, other than minor traffic violations?	Yes	No

Invoice details	
Name / Company Name	
Postal Address:	
Vat Number (if applicable)	

Date: _____

Sign Here: _____

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Monthly Membership Fees R 595 per month plus leads pulled

All members are required to pay a monthly membership fee of R 595.00 (inclusive of Vat) per month. There is a minimum term of six months. The membership has a three month cancellation notice period. In simple terms you will pay R 595 per month, even if you do not take any leads. Any time after the first three months have elapsed you can request cancellation of your membership, by given us 3 months notice. So if you give us notice at the end of month 3, then you will run for six months. However if you give us notice at the end of month 4 you will run a total of 7 months. Please ask should you like this explained in more detail. Please refer to the full contract terms and conditions for further detail.

You will be invoiced monthly in arrears for the leads you take, and the monthly membership is due in advance. Each month on the 1st of the month, we will collect via debit order either between the 1st and 5th of each month, or for Liberty Tied Agents we have a special debit order on the Wednesday after the 2nd Tuesday of the month.

Payment Details and Debit order Authority Form

The amount collect monthly will be your monthly membership fee, payable in advance, as well as an amount for any leads purchased during the month. Leads are billed and payable as per the leads terms and conditions you signed. If you reach your monthly cash limit on leads, these will be billed and collected during the month when the limit is reached.

Debit my Bank Account	
Account Holder	
Bank Name	
Branch Name	
Branch Number	
Bank Account Number	
Collection Day	1 st of every month for all members (tick here if you choose this option) (___)
Liberty Tied Agents	Wednesday after the second Tuesday of the month (tick here if you choose this option) (___)

I /We, the client or duly authorised representative thereof (the "Client"), hereby authorise the entity below (the "User") FirstLIFE Online Intermediated Solutions and / or its agents to collect by means of electronic debit from the above account or from any other account in the name of the CLIENT at the same or any other bank, all or any monies due by CLIENT, as principal debtor or surety or for any other reason, and to pay same to the USER. The authority so given is restricted to maximum of the outstanding statement balance as issued by the company and may be deducted on the mentioned deduction day or within 7 working days thereafter.

I accept the following to be applicable hereto:

This authorisation may only be withdrawn with 30 days notice after expiry of the term of the membership, which is six (6) months from the start date hereon. Such notice must be given in writing to the FirstLIFE at its physical address;

I and / or the CLIENT, individually and collectively indemnify and hold harmless the FirstLIFE and / or its agents against any claim of any nature arising from the electronic debit or transfer or from any other cause following this authorisation and irrespective whether such authorisation has been withdrawn or not;

In the event of the relevant account not having sufficient cleared funds to meet the debit, I am aware that a fee will be debited against the CLIENT's account by the bank and the USER relating to the return of he debit and I accept the responsibility to ensure sufficient cleared and available funds to the minimum of the limit above (or as amended from time to time); I, the CLIENT, agree that the FirstLIFE, and / or its agents may continue to attempt to collect any outstanding amounts from my account until all payments owing have been met.

Any reference to the entities above includes a reference to any successor in title or in appointment

This authorisation is not an amendment to any specific arrangement regarding payment of accounts and serves merely as an arrangement as to the method of payment, in part or in full, and any account with the USER needs only to be credited once actual payment is received by the USER.

I confirm that I am the authorized account holder, and main signatory on this account, or have authority to sign on this account for debit orders and card collections to be made against this account

Signature of authorized account holder:	Name of Account Holder	
	Date	



Date: _____

Sign Here: _____

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