HEALTHCOR PROJECTS SINCE1988

Healthcor Projects (Pty) Ltd,
an Authorised Financial Services
Provider, No. 17862

2026 [v1]

FAMILY *CRISIS PLAN*

NOMINATION FORM

BARGAINING COUNCIL BCCCI CONTRACT CLEANING SERVICES INDUSTRY KZN

This form MUST be completed and returned to **Healthcor Projects (Pty) Ltd** to ensure your dependants are covered.
Leli fomu KUFANELWE ligcwaliswe bese libuyiselwa kwa **Healthcor Projects (Pty) Ltd** ukuqinisekisa ukuthi abondliwa bakho bakhavekile.

Please send this completed form with all relevant documentation to **support@healthcorsa.co.za**
For assistance please call **Healthcor Projects (Pty) Ltd** on **064 922 8489** or **083 278 4680**

PRINCIAL MEMBER DETAILS / IMININGWANE YOMNINI PHOLISI

MEMBER NAME IGAMA LELUNGA		MEMBER SURNAME ISIBONGO SELUNGA	
ID/PASSPORT NUMBER		COUNTRY OF RESIDENCE	South Africa: YES ☐ NO ☐
DATE OF BIRTH	D D M M Y Y Y Y	IF NO, PLEASE PROVIDE	
CELL NUMBER	CODE	COUNTRY OF NATIONALITY	
POSTAL ADDRESS		EMAIL	
		EMPLOYEE NUMBER	
		COMPANY NAME	
POSTAL CODE		COMPANY TEL NUMBER	

SPOUSE OR PARTNER DETAILS / IMININGWANE YOMUNTU OSHADE NAYE OKANYE UMAQONDANA WAKHO

SPOUSE / PARTNER NAME IGAMA LIKAMAQONDANA			
SPOUSE / PARTNER SURNAME ISIBONGO SIKAMAQONDANA			
ID OR PASSPORT NUMBER		DATE OF BIRTH	D D M M Y Y Y Y
CELL NUMBER	CODE	ALTERNATIVE NUMBER FOR SPOUSE	CODE

NAMES OF CHILDREN UP TO 21 YEARS OF AGE (25 YEARS IF FULL TIME STUDENT)
AMAGAMA EZINGANE KUGCINA EMINYAKENI ENGU 21 (25 UMA ENGUMFUNDI)

FIRST NAME / IGAMA	SURNAME / ISIBONGO	SA I.D. NUMBER / IF NO SA I.D. NUMBER ENTER DATE OF BIRTH	RELATIONSHIP TO PRINCIPAL MEMBER

BENEFICIARY DETAILS / IMININGWANE KANDLALIFA

(If the nominated beneficiary is a minor (under 18 years old), the claimant will need to provide guardianship at claim stage.)

BENEFICIARY NAME IGAMA LIKANDLALIFA			
BENEFICIARY SURNAME ISIBONGO SIKANDLALIFA			
BENEFICIARY RELATIONSHIP: UBUDLELWANO NONDLALIFA:			
ID OR PASSPORT NUMBER		DATE OF BIRTH	D D M M Y Y Y Y
CELL NUMBER	CODE	TELEPHONE NUMBER	CODE

DECLARATION

I declare that the above information is true and correct and should replace the current information on my membership record, and I have read and understood the Use of Personal Information Declaration.

SIGNATURE OF MEMBER | PRINTED NAME OF POLICY HOLDER | DATE D D M M Y Y Y Y

Toll Free: 0800 800 030 | Call / WhatsApp: 064 922 8489 / 083 278 4680
PO Box 1735, UmhlangaRocks, 4320

Administered by GROUPS R US INSURANCE PARTNERS

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is an Authorised Financial Services Provider, No. 17862

Underwritten by Sanlam

Healthcor Projects (Pty) Ltd (CIPC Reg No. 1993/006077/07) is an authorised Financial Services Provider (FSP17862) and is underwritten by Sanlam Developing Markets (CIPC Reg No. 1911/003818/06), a licensed Life Insurer and authorised Financial Services Provider (FSP11230). Groups Are Us (Pty) Ltd t/a Groups R Us (CIPC Reg No. 2020/553498/07) is an authorised Financial Services Provider (FSP45735) and the appointed administrator.

USE OF PERSONAL INFORMATION DECLARATION

I hereby consent to Groups R Us / Healthcor Projects (Pty) Ltd processing my personal information, including but not limited to, the administrative functions listed below.

- Processing this nomination;
- Processing of future instructions submitted;
- Sanction screening in terms of the Financial Intelligence Centre Amendment, no 1 of 2017 (FICA).

I consent to Groups R Us / Healthcor Projects (Pty) Ltd disclosing and transferring my personal information to any contracted 3rd party for the purposes of collecting premiums, claim assessments and statutory reporting and FICA sanction screening in connection with this contract.

I acknowledge I have the right to –

- object to the processing of my personal information on reasonable grounds unless legislation allows for such processing, in the manner prescribed by the POPI Act;
- lodge a complaint with the Information Regulator;
- request from Groups R Us / Healthcor Projects (Pty) Ltd details of any of my personal information Groups R Us / Healthcor Projects (Pty) Ltd holds on my behalf and details of how my personal information has been processed.

Groups R Us / Healthcor Projects (Pty) Ltd will use its best endeavors to ensure your personal information is reliable, however it remains your responsibility to advise Groups R Us / Healthcor Projects (Pty) Ltd of any changes to your personal information in a timely manner. The information supplied to Groups R Us / Healthcor Projects (Pty) Ltd must be complete, correct and up to date.

I understand why my personal information is required and the purpose it will be used and I, hereby, give Groups R Us / Healthcor Projects (Pty) Ltd consent to process my personal information as provided above.

SIGNATURE OF MEMBER	PRINTED NAME OF MEMBER	DATE D D M M Y Y Y Y

Broker Details: Healthcor Projects (Pty) Ltd. FSP Number: 17862
Tel: 064 922 8489/ 083 278 4680 PO B ox 1735, Umhlanga Rocks, 4320

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