

Application for your Hollard Life Policy

To be completed by the policyholder

If the policyholder is a company or trust, please ignore section 1 and complete the applicable addendum.

Title	<input type="text"/>	Initials	<input type="text"/>	First name	<input type="text"/>
Former surname	<input type="text"/>	Surname	<input type="text"/>		
Relationship to life insured	<input type="text"/>	ID/Passport no.	<input type="text"/>		
Alternative Contact Number	<input type="text"/>	Cell no.	<input type="text"/>		
Email	<input type="text"/>				
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital contract	<input type="checkbox"/> Antenuptial contract <input type="checkbox"/> Community of property <input type="checkbox"/> Civil union <input type="checkbox"/> Customary				
Tax status	<input type="checkbox"/> Natural person <input type="checkbox"/> Company		Country of Residence	<input type="text"/>	
Occupation	<input type="text"/>	Employer	<input type="text"/>		
Physical Address	<input type="text"/>				
Postal Address	<input type="text"/>				
Source of Funds	<input type="text"/>	Source of Wealth	<input type="text"/>		

Declaration by Policyholder

1. I confirm that I am a policyholder of each application referenced by the quote number in the table below. I also confirm that I have read and understood the Policyholder and Contract Details sections of the application forms, related quotes and all related documents for each of these applications.

I hereby confirm that all fields were completed in my presence and I did not sign a blank form. I have read every page before signing.

Quote reference number(s)	Ownership %

2. Validity of quotation information:
- This application must be accompanied by a valid signed quotation prepared on the Hollard Life Quotation system.
 - Hollard Life will not be liable for any errors and omissions made by the applicant or financial advisor on the signed quotation.
 - Hollard Life will not be held liable for any errors or omissions which may have occurred in the production or completion of this application.
 - The policy contract will override the quotation.
3. I authorise Hollard Life to accept this application and the accompanying illustrative quotation on the terms of the illustrative quotation Y N
4. I declare that the statements and responses provided by me and all documentation that I have signed or will sign in relation to each application/s are true and complete.
5. Where I am married in community of property, I confirm that I have written consent from my spouse to make this application.
6. I agree that this application and declaration, together with all relevant documents that have been or will be signed by me or any additional parties in terms of this application, shall form part of the contract between Hollard Life and myself. If any information is withheld or incorrect, I understand that the benefits will be cancelled from the inception date of the policy and all premiums that have been paid to Hollard Life will be forfeited.
7. I agree that should Hollard Life accept this application, the acceptance will be conditional upon there having been no change to the facts on which the acceptance was based. I agree that any changes to the health or risk status of the life insured will be communicated to Hollard Life in writing before it accepts this policy, and failure to do so may result in the rejection of any future claims.

Policyholder signature



Declaration by Policyholder (continued)

- 8. I authorise Hollard Life to obtain and or provide any credit-related information from or to any credit bureau, life insurance institute, credit provider, industry association or other association for any industry in which Hollard Life operates.
- 9. I hereby give consent to Hollard Life to refer my details to:
 - The Hollard Group for the purposes of contacting me in relation to new and existing product offerings Y N
 - Hollard Insurance Partners for the purposes of contacting me in relation to any new or existing product offering Y N
- 10. I hereby give consent to Hollard Life to send me any relevant information relating to:
 - a. The benefits listed on this policy Y N
 - b. Any new or existing product offerings from Hollard Life Y N
- 11. I hereby accept that this application does not create any obligation for Hollard Life until the date of policy commencement.
- 12. I understand that if the first premium is not paid on or before the first debit order date, no cover will be provided and no claims will be payable under the policy for that period until the first premium is received in full by Hollard Life.

Policyholder name

Signature

Date

Policyholder signature



General Disclosures

Disclosure of your Personal Information

We care about the privacy, security and online safety of your personal information and we take responsibility to protect this information. By completing this form, you consent to the processing and disclosure of your personal information for the application of this policy. We will share your personal information with other insurers, industry bodies, credit agencies, service providers, any regulatory body, tax authority and to comply with Anti-Money laundering legislation. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. You are welcome to request access to any of your personal information that we hold.

Anti-Money Laundering

Money Laundering & Financing of terrorism risks (Anti-Money Laundering) are governed by relevant applicable legislation. At Hollard, we've taken the necessary steps to implement the Anti-Money Laundering legislation that deals with preventing money laundering and combatting the financing of terrorism. We are required by anti-money laundering legislation to obtain specific information from you and certain related parties, to enable us to establish and verify your and related parties' identity. You understand that different information will be required depending on the type of client and related party and we may require supporting documentation. This requirement applies when we receive the application, on an ongoing basis while the policy is in force and when a claim is made under the policy.

By signing this declaration:

1. You agree to co-operate fully with us and to provide us with all such information and documentation requested as soon as possible.
2. You understand that there may be different information and documentation requirements, depending on the type of the owner of the policy and the Related Parties. Related parties include but is not limited to, the owner of the policy, the premium payer, claimant and beneficiaries.
3. You understand and accept the information and documentation requirements, which is set out in your application form, may be changed from time to time without notice.
4. You understand that if we do not receive the information and documentation as soon as possible or within a timeframe that will be communicated to you, we may be unable to provide you with insurance cover and we may have to cancel your existing policies immediately.
5. You consent to the processing and disclosure of your personal information for the application of this policy, to any regulatory body, tax authority and to comply with Anti-Money laundering legislation.
6. You consent to us conducting ongoing monitoring of your transactions and activities related to your business relationship with us, as required by Anti-Money Laundering legislation and understand that we are not required to disclose our monitoring activities to you.
7. If we are unable, for whatever reason, to conduct ongoing monitoring of your transactions and activities we may be unable to provide you with insurance cover and we may have to cancel your existing policies immediately.
8. You understand and accept that we will require documentation and information from the claimant, including the beneficiary, in order to process a claim. We will therefore not be able to process a claim before the claimant and beneficiary has provided us with the required information and documents for us to establish and verify their identity.
9. All the information you provide to us, including the information requested from you in this application form, is true and correct and you indemnify us against any damages we may suffer due to the provision of false or inaccurate information.

Policyholder:	Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Life Insured:	Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Premium Payer:	Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Financial Advisor:	Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>