

## FICA FORM

Every Director/Partner/Proprietor/founder and trustee must complete a separate form.

Policy no. \_\_\_\_\_

Registered name \_\_\_\_\_

Trading name \_\_\_\_\_

Registration no. \_\_\_\_\_

Registered address \_\_\_\_\_ Postal code \_\_\_\_\_

Industry Sector (financial services, banking, agricultural, etc.) \_\_\_\_\_

*(Complete section applicable to you)*

**Authorised signatory** Name \_\_\_\_\_

Surname \_\_\_\_\_

Identity no. 

Y	Y	M	M	D	D										
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**Director/Partner/Proprietor** Name \_\_\_\_\_

Surname \_\_\_\_\_

Identity no. 

Y	Y	M	M	D	D										
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**Shareholder** Name \_\_\_\_\_

Surname \_\_\_\_\_

Identity no. or 

Y	Y	M	M	D	D										
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Registration no. 

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**Founder** Name \_\_\_\_\_

Surname \_\_\_\_\_

Identity no. 

Y	Y	M	M	D	D										
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**Trustee** Name \_\_\_\_\_

Surname \_\_\_\_\_

Identity no. 

Y	Y	M	M	D	D										
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**Trust Deed Beneficiary** Name \_\_\_\_\_

Surname \_\_\_\_\_

Identity no. 

Y	Y	M	M	D	D										
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**Declaration**

I confirm that I legally represent the policyholder in the above position. I am aware that the life insured has submitted a claim to Hollard Life on behalf of the policyholder. I have requested the life insured to complete the claimant form and provide all the medical information required to assess the critical illness/disability claim.

**Please take note of the following Hollard disclosures:**

**Protection of Personal Information Act (POPIA)**

Hollard cares about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution, and we have put reasonable security measures in place to protect it.

**Financial Intelligence Centre Amendment Act (FICAA)**

In accordance with applicable anti-money laundering laws in South Africa, we are required to obtain specific information and evidence to verify your identify (and in many cases the identities of related persons, such as but not limited to directors, beneficial owners and persons instructing us on your behalf (where applicable)) when applying for cover and on an on-going basis. If we ask you for information or documents (including originals or certified copies) you must provide them to us as soon as possible. If we do not receive adequate information and evidence within a reasonable time of our request, we may be unable to provide you with cover or may cancel the policy in accordance with applicable law.

Signature \_\_\_\_\_

Date

D	D	M	M	Y	Y	Y	Y
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Name & Surname \_\_\_\_\_

