

INDEMNITY FORM FOR CRISIS WAIVER CASH BACK

I, _____ confirm that I am the Policyholder of the
Hollard policy number _____.

I understand that as the Policyholder, the Crisis Waiver Cash Back benefit is due to me however, I request that the money be paid into the policy's premium paying account, even though the account is not in my name.

I hereby indemnify Hollard against all or any claims where such claim arises out of this instruction to pay the benefit into the premium paying account.

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 identity (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.

Signed at _____

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature _____