

COMPANY OR TRUST ADDENDUM

This form is to accompany any application to contract and/or request to transact on a Hollard Life policy, where the policyholder or premium payer is not a natural person.

Please tick the applicable box.

Addendum for Policy Owner

Addendum for Premium Payer

Quote Reference no. for application for cover		Policy no.	
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1: COMPANY/TRUST DETAILS

Registered name of company/trust			
Trading name of company, if different to the registered name			
Company registration/trust no.			
Relationship to the Insured			
Contact no.		Cell no.	
Email address			
Country of residence			
Postal Address			
Physical address			
Registered address			
Industry sector			
Source of funds			
(salary, business processed, sales proceeds, claims proceeds)			
Source of wealth			

2: AUTHORISED SIGNATORY

Title	
Name	
Surname	
ID/Passport no.	
Signature	

3: DIRECTOR/TRUSTEE DETAILS

Title	
Name	
Surname	
ID/Passport no.	

Title	
Name	
Surname	
ID/Passport no.	

Title	
Name	
Surname	
ID/Passport no.	

4: SHAREHOLDER DETAILS, WHERE SHAREHOLDING IS GREATER THAN 25%

Title	
Name	
Surname	
ID/Passport no.	

Title	
Name	
Surname	
ID/Passport no.	

Title	
Name	
Surname	
ID/Passport no.	

Initial

