

FINANCIAL STATEMENT – PARTNERSHIP COVER

(To be completed by the life insured and policyholders)

1. Life insured's details

Policy no. _____ Identity no. _____
Name of insured _____

2. Policy owner details

Name of partners with application numbers, if applicable

Full name of partner 1 _____

Policy reference no. _____

Education qualification description _____

Name of Trust in which shares are held, if applicable. _____

Full name of partner 2 _____

Policy reference no. _____

Education qualification description _____

Name of Trust in which shares are held, if applicable. _____

Full name of partner 3 _____

Policy reference no. _____

Education qualification description _____

Name of Trust in which shares are held, if applicable. _____

Full name of partner 4 _____

Policy reference no. _____

Education qualification description _____

Name of Trust in which shares are held, if applicable. _____

Full name of partner 5 _____

Policy reference no. _____

Education qualification description _____

Name of Trust in which shares are held, if applicable. _____

Initials

3. Financial statements

Should audited financial statements be available and attached for reference, this section need not be completed.

Total assets of business

Year _____	Year _____	Year _____
R _____	R _____	R _____

Total liabilities of business

Year _____	Year _____	Year _____
R _____	R _____	R _____

Business turnover

Year _____	Year _____	Year _____
R _____	R _____	R _____

Gross profit

Year _____	Year _____	Year _____
R _____	R _____	R _____

Net profit

Year _____	Year _____	Year _____
R _____	R _____	R _____

How was the current amount of goodwill derived? _____

Retained Income

Year _____	Year _____	Year _____
R _____	R _____	R _____

4. Company details

Name of company _____ Registration no. _____

Nature of business conducted

Retailer Manufacturer Wholesaler Financial services Professional Other

If 'Other', please provide details _____

5. Partnership value

Partners' percentage share in the business (percentage share of all partners must equal 100%)

Partner 1 _____ %	Partner 4 _____ %
Partner 2 _____ %	Partner 5 _____ %
Partner 3 _____ %	Partner 6 _____ %

How is the partnership valued? _____

Show how the requested sum assured has been calculated (if a bank or other financial institution has valued the business during the past 3 years, please attach the valuation):

Earnings yield Dividend yield Intrinsic value Other

Please specify _____

Initials

Calculation (if other) _____

How long has the partnership been in force? _____

Is a buy-and-sell agreement in existence?

YES NO

Are you currently assured in respect of a buy-and-sell agreement?

YES NO

If YES, how much life cover is in place? _____

6. Sum assured

Please provide any other factors to consider in determining the sum assured

If the partnership is new, please provide business projections, business plans, etc.

7. Declaration by lives insured

I/We declare that this financial statement is true and correct and agree that such statement, together with the application for life assurance and any forms, statements, reports or other information completed or supplied by me/us or any party on my behalf, shall form the basis of the contract.

I/We declare that no material fact has been withheld, mis-stated, or concealed by me/us and that I/we will disclose all material facts prior to acceptance of the risk. I/We agree that any mis-statement/omission in this financial statement may lead to any contract being limited to a level of cover, as determined by Hollard Life, and that in such an event all excess contributions paid in respect thereof shall be forfeited.

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
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Signatures of proposed insured/policyholders:

Signature 1 _____

Signature 4 _____

Signature 2 _____

Signature 5 _____

Signature 3 _____

Signature 6 _____

