

OCCUPATIONAL QUESTIONNAIRE

(To be completed by the life insured)

1. Life insured's details

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

2. General information

2.1 What is your main occupation? _____

2.2 Are you self-employed or do you have more than 50% ownership in the business that employs you? YES NO

2.3 What is the name of your current employer? _____

2.4 In which industry do you work? _____

2.5 What is the nature of the business being conducted by your employer? _____

2.6 Are you employed on a full-time basis (i.e. not on a temporary contract)? YES NO
 If NO, please provide details _____

2.7 What percentage of your remuneration is commission-based? _____

2.8 State your annual income from your occupation for the following periods:

- a. Current year R _____ p.a.
- b. One year ago R _____ p.a.
- c. Two years ago R _____ p.a.

2.9 How long have you been in your current occupation? _____
 If less than 2 years, provide details for the previous 3 years

Desk-bound and office-bound tasks	Supervising staff within an office	Travelling (excluding travel to and from your office/place of work)	Supervising staff on site or in a factory/field work	Light manual work (standing up, e.g. hairdresser)	Moderate manual work (not involving very strenuous exercise, e.g. mechanic)	Heavy manual work (involving strenuous exercise, e.g. miner)
%	%	%	%	%	%	%

2.10 Describe your exact duties below (please be specific)

2.11 Do you travel outside the borders of South Africa? YES NO
 If YES, provide details on the frequency of travel, the average duration of travel and to which countries you travel

Initials

2.12 Are you, or do you intend to, become involved in any other occupation in the near future?

YES

NO

If YES, provide details

3. Declaration by life insured

I declare that the statements above are true and complete and shall form part of my application for insurance and I declare that the statements together with my application shall be the basis of the contract between me and Hollard Life.

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 _____

on

D	D	M	M	Y	Y	Y	Y
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**Signature
(life insured)**

