

PORPHYRIA 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 Which of your blood relatives (particularly your mother, father, brothers, sisters, cousins, uncles or aunts) are known to have/or have had porphyria?

2.2 Have you been diagnosed with porphyria? YES NO

If YES, what type of porphyria? _____

2.3 Does your skin, especially on the back of your hands or the front of your legs, blister easily? YES NO

2.4 Have you had paralysis of muscle or abdominal pain associated with an attack? YES NO

2.5 Have you been told that you have liver disease? YES NO

2.6 Have you been told to avoid certain drugs such as barbiturates and sulphonamides? YES NO

If YES, are you aware of the risks involved if such drugs are taken? YES NO

2.7 Do you wear a medic-alert disc? YES NO

2.8 Provide any further relevant particulars, including the name and address of your personal medical attend

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.

I authorise Hollard Life to approach any doctor or medical institution to confirm the details of my medical history.

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.

Initials

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.

**Signature
(life insured)**

Date

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