

REGULAR PASSENGER AVIATION QUESTIONNAIRE

(To be completed by the life insured)

1. Life insured's details

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

2. Pilots Details

Name _____

Licence no. _____ Date of birth

D	D	M	M	Y	Y	Y	Y
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Are any of the aircrafts you use home built or in Kit form? YES NO

Do flights extend outside the border of SA? YES NO

Details of any accidents? _____

Aviation Licences Currently Held (use a separate sheet if necessary)

Type	Ratings	Year of Issue	Restrictions	Date of most recent renewal

Total Hours Logged

Total Hours	Fixed-wing Aircraft		Rotor-wing Aircraft	
	Pilot-in-command	Dual/co-pilot	Pilot-in-command	Dual/co-pilot
Single-engine piston				
Multi-engine piston				
Turboprop				
Turbine				
Ultralights, etc.				
Gliders				
Others (please state)				

Note: Use separate sheet if necessary

Initials

3. Details of Expected Flying of Life insured and Pilot

Hours of aircraft expected to be flown in next 12 months. Please show separately all aircraft that will be flown more than 10 hours or 5% of your total expected time in the next 12 months. If you fly multiple types for a single purpose (e.g. for instruction), each of which does not account for 10 hours or 5%, please show these collectively (e.g. C210/C182/C172). (Use additional sheet as necessary)

Type e.g. C210	Pilot's Total Hours on Type	Pilot's Hours in next 12 months	Life Insured's Hours in next 12 months	Nature of flights *
ALL AIRCRAFT				N/A
* Airline/Charter/Business/Personal/Instruction/Agricultural/Firefighting/Game Work /Aerobatics/Display/Competition/Geographical survey or photography/Test or experimental flying/Military/ Paramedic OR SPECIFY for any other.				

4. Other Information

Please provide any other information that you or your adviser believe may be relevant (e.g. medical problems, aviation accidents, etc.). Also specify the **geographical areas** that you travel to or in. Use separate sheet if necessary.

5. 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.

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

D	D	M	M	Y	Y	Y	Y
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