



Rest insured • Rus verseker

APPLICATION FORM FOR PERSONAL INSURANCE

Please complete and sign the application, ticking all the applicable blocks. Make sure that all questions are answered completely. Cover in terms of the policy will only commence after the official approval of your application by Cyndré Brokers. Please note that if any information contained in this form is untrue, misleading or incorrect, the assessment of the risk may be affected. Cyndré Brokers reserves the right to re-assess the risk at any time, whether before or after the issue of any policy if any of the information contained in this form is subsequently discovered to be untrue, misleading or incorrect.

DETAILS OF POLICYHOLDER

| | | | | | |
|-----------------------------|---|-----------------|---------------------------|-----------------------------|----------------------|
| Surname: | <input type="text"/> | Initials: | <input type="text"/> | Title: | <input type="text"/> |
| Occupation: | <input type="text"/> | ID No: | <input type="text"/> | | |
| Marital Status: | <input type="text"/> | Gender: | <input type="text"/> Male | <input type="text"/> Female | |
| Language of correspondence: | <input type="text"/> English <input type="text"/> Afrikaans | Vat Registered: | <input type="text"/> Yes | <input type="text"/> No | |
| | | Vat No.: | <input type="text"/> | | |

CONTACT DETAILS OF POLICYHOLDER

| | | |
|--------------------|-------------------------------------|-----------------------------|
| Telephone numbers: | (w) <input type="text"/> | (h) <input type="text"/> |
| | (fax) <input type="text"/> | (cell) <input type="text"/> |
| | Email address: <input type="text"/> | |
| Postal Address: | <input type="text"/> | |
| | Code: <input type="text"/> | |

CONSENT QUESTIONS

To enable Cyndré Brokers to underwrite risk fairly and to combat insurance fraud, we need to have your consent to verify and share policy information with insurers and other institutions as well as to access credit information held by other institutions.

Do you give Cyndré Brokers consent?

Yes

No

INSURANCE / CLAIMS HISTORY OF POLICYHOLDER

Has any insurer ever refused any proposal of yours, cancelled any policy (or section thereof), refused to renew any policy (or section thereof) or imposed any special conditions? (Tick "Yes" even if only one part of the question applies):

Yes

No

If "Yes", supply full details:

| INSURANCE / CLAIMS HISTORY OF POLICYHOLDER continued | | | |
|--|-----------------------|---|----|
| Are you currently insured against the risks you are applying for now? | | Yes | No |
| If "Yes", supply name of insurer: _____ | | | |
| If you are not currently insured but were previously, please supply the following: | | | |
| Last date of insurance: _____ | | Name of Insurer: _____ | |
| Current NCB: House Contents | | Vehicles Motorcycle Caravan | |
| Have you suffered any losses or damage to property that you have not claimed for, or claims in the last 3 years, whether insured or not? | | Yes | No |
| If "Yes", supply full details (if more than 4 please complete details on a separate page): | | | |
| DATE: | DESCRIPTION OF EVENT: | AMOUNT: | |
| | | | |
| | | | |
| | | | |
| | | | |

| DETAILS OF OTHER INSURED (any other person that has financial or legal interest in the property items noted on the following pages) | | | |
|---|---|--|--|
| Surname: _____ | Initials: _____ Title: _____ | | |
| Occupation: _____ | ID No: _____ | | |
| Marital Status: _____ | Gender: Male Female | | |
| Language of correspondence: English Afrikaans | | | |

| PART 1 – PROPERTY INSURANCE | | | | |
|--|--|-----------------|--|------------------------|
| HOUSE CONTENTS | | | | |
| Type of Residence: | <u>House Contents 1</u> | | <u>House Contents 2</u> | |
| | Main Residence | Holiday Home | Other | |
| Street Address: | _____ | | _____ | |
| | _____ | | _____ | |
| | _____ Code: _____ | | _____ Code: _____ | |
| Sum Insured: | R _____ | | R _____ | |
| Wall Construction: | <div style="display: flex; justify-content: space-between;"> Standard (e.g. Brick, cement) Non-Standard (e.g. Wood) </div> | | <div style="display: flex; justify-content: space-between;"> Standard (e.g. Brick, cement) Non-Standard (e.g. Wood) </div> | |
| Roof Construction: | Standard (e.g. Tiles, Iron) | Non-standard | Thatch | Thatch with thatchsayf |
| Type of Premises: | Residential | Smallholding | Farm | Other |
| Use of dwelling: | Standard | Commune | Hotel | Guesthouse |
| | Boarding House | Retirement Home | | |
| Are the premises occupied during the day? | Yes | | No | |

Page 2/10

| HOUSE CONTENTS continued | | | | | | | | | |
|--|---|------------------------|--------------------------|------------------|---|------------------------|--------------------------|------------------|--|
| Type of dwelling: Are the premises unoccupied for more than 60 days in a year? Activities in your area? Security: (Tick all that apply) | Private | Flat - groundfloor | Flat - above groundfloor | Town house | Private | Flat - groundfloor | Flat - above groundfloor | Town house | |
| | Double storey townhouse | Double storey dwelling | Parkhome | Storage facility | Double storey townhouse | Double storey dwelling | Parkhome | Storage facility | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | Construction on your premises? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Construction on your premises? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | Within 2km of Informal Settlement? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Within 2km of Informal Settlement? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | Burglar bars (on all opening windows) (including louvres) <input type="checkbox"/> | | | | Burglar bars (on all opening windows) (including louvres) <input type="checkbox"/> | | | | |
| | Security gates (on all external doors, including sliding doors) <input type="checkbox"/> | | | | Security gates (on all external doors, including sliding doors) <input type="checkbox"/> | | | | |
| | Alarm linked to 24hr control room <input type="checkbox"/> | | | | Alarm linked to 24hr control room <input type="checkbox"/> | | | | |
| | Security area (24hr controlled access) <input type="checkbox"/> | | | | Security area (24hr controlled access) <input type="checkbox"/> | | | | |
| | | | | | | | | | |
| Voluntary Excess: | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | If Yes: R (Excess options: R250, R500, R1 000, R1 750, R2 500, R5 000, R7 500, R10 000, R15 000, R20 000, R25 000, R30 000) | | | | If Yes: R (Excess options: R250, R500, R1 000, R1 750, R2 500, R5 000, R7 500, R10 000, R15 000, R20 000, R25 000, R30 000) | | | | |
| Optional Cover: Accidental Damage: Mechanical / electrical breakdown: Subsidence / Landslip: Home Industry: (5% of Contents SI, maximum R30000) Limited Bed & Breakfast: | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | R _____ | | | | R _____ | | | | |
| | R _____ (Cover is only available if Accidental damage cover has been selected) | | | | R _____ (Cover is only available if Accidental damage cover has been selected) | | | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | R _____ | | | | R _____ | | | | |
| | Type of HI _____ | | | | Type of HI _____ | | | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| ALL RISKS (Item Sum Insured limited to 50% of Content Sum Insured) | | | | | | | | | |
| DESCRIPTION | | | | | SUM INSURED | | | | |
| Clothing and personal effects | | | | | R _____ | | | | |
| Stamp and coin collections and personal documents | | | | | R _____ | | | | |
| Transport of groceries and household goods | | | | | R _____ | | | | |
| Keys, locks and remote control units | | | | | R _____ | | | | |
| <div style="text-align: right;">Page 3/10</div> | | | | | | | | | |

ALL RISKS continued

Other Items - **Please include full description and Serial Numbers where applicable, especially i.r.o. electronic equipment / cellphones:**

Bicycles and Wheelchairs

Mobile communication devices

Audiovisual equipment (camera's, binoculars, TV's, decoders, portable DVD players, iPods, MP3 and MP4)

Computing equipment (laptops, personal computers)

Items in a bank vault (guns, jewellery, coin collections, other)

Other specified articles (jewellery, sound equipment, other)

| | | | |
|----|-------|---|-------|
| 1 | _____ | R | _____ |
| 2 | _____ | R | _____ |
| 3 | _____ | R | _____ |
| 4 | _____ | R | _____ |
| 5 | _____ | R | _____ |
| 6 | _____ | R | _____ |
| 7 | _____ | R | _____ |
| 8 | _____ | R | _____ |
| 9 | _____ | R | _____ |
| 10 | _____ | R | _____ |

BUILDINGS

| | <u>Building 1</u> | | | | <u>Building 2</u> | | | |
|---|---|--------------|-----------------------------|-----------------------|---|--------------|-----------------------------|-----------------------|
| Type of Residence: | Main Residence | Holiday Home | Other | | Main Residence | Holiday Home | Other | |
| Street Address: | _____ | | | | _____ | | | |
| | _____ | | | | _____ | | | |
| | _____ Code: _____ | | | | _____ Code: _____ | | | |
| Sum Insured: | R _____ | | | | R _____ | | | |
| Wall Construction: | Standard (e.g. Brick, cement) | | Non-Standard (e.g. Wood) | | Standard (e.g. Brick, cement) | | Non-Standard (e.g. Wood) | |
| Roof Construction: | Standard (e.g. Tiles, Iron) | Non-standard | Thatch | Thatch with thatchsaf | Standard (e.g. Tiles, Iron) | Non-standard | Thatch | Thatch with thatchsaf |
| Type of Premises: | Residential | Smallholding | Farm | Other | Residential | Smallholding | Farm | Other |
| Is the residence unoccupied for the first 30 days? | Yes | | No | | Yes | | No | |
| Voluntary Excess: | Yes | | No | | Yes | | No | |
| | If Yes: R _____ (Excess options: R500, R1 000, R2 000, R3 000, R4 000, R5 000, R7 500, R10 000, R15 000, R20 000, R25 000, R30 000) | | | | If Yes: R _____ (Excess options: R500, R1 000, R2 000, R3 000, R4 000, R5 000, R7 500, R10 000, R15 000, R20 000, R25 000, R30 000) | | | |

| BUILDINGS continued | | | | | | |
|--|---|-----------------------------|------------------|---|---|-----------------------------|
| Optional Cover: | | | | | | |
| Accidental Damage to Machinery: | Yes | | No | | | |
| | R _____ | | | | | |
| | Yes | | No | | | |
| Comprehensive Subsidence / Landslip cover | Yes | | No | | | |
| | R _____ | | | | | |
| | Yes | | No | | | |
| | | | | | | |
| VEHICLES | | | | | | |
| | Vehicle 1 | | | Vehicle 2 | | |
| Year of manufacture: | | | | | | |
| Make: | | | | | | |
| Model: | | | | | | |
| Registration No: | | | | | | |
| Vin No: | | | | | | |
| Engine No: | | | | | | |
| Class of Use: | <input type="checkbox"/> Private <input type="checkbox"/> Business <input type="checkbox"/> Farming | | | <input type="checkbox"/> Private <input type="checkbox"/> Business <input type="checkbox"/> Farming | | |
| Type of Cover: | Comprehensive | Third Party, Fire and Theft | Third Party Only | Theft Excluded | Comprehensive | Third Party, Fire and Theft |
| | | | | | | |
| Sum Insured: | R _____ | | | R _____ | | |
| Overnight Parking facilities: | | | | | | |
| Security: | VSS Approved <input type="checkbox"/> | | | VSS Approved: <input type="checkbox"/> | | |
| | Cydré approved Immobiliser: <input type="checkbox"/> | | | Cydré approved Immobiliser: <input type="checkbox"/> | | |
| | Cydré approved gearlock: <input type="checkbox"/> | | | Cydré approved gearlock: <input type="checkbox"/> | | |
| | Data Dot: <input type="checkbox"/> | | | Data Dot: <input type="checkbox"/> | | |
| | Tracking device: <input type="checkbox"/> | | | Tracking device: <input type="checkbox"/> | | |
| | Type of Tracking: _____ | | | Type of Tracking: _____ | | |
| Registered Owner: | <input type="checkbox"/> Policy holder <input type="checkbox"/> Spouse <input type="checkbox"/> Financially dependent Child | | | <input type="checkbox"/> Policy holder <input type="checkbox"/> Spouse <input type="checkbox"/> Financially dependent Child | | |
| Voluntary excess: | Yes | | No | | | |
| (Cannot select both Voluntary and Excess) | If Yes: _____ (Excess options: R250, R500, R1 000, R2 000, R3 000, R4 000, R5 000, R6 000, R7 000, R8 000, R9 000, R10 000, R15 000, R20 000, R25 000, R30 000) | | | | If Yes: _____ (Excess options: R250, R500, R1 000, R2 000, R3 000, R4 000, R5 000, R6 000, R7 000, R8 000, R9 000, R10 000, R15 000, R20 000, R25 000, R30 000) | |
| Vehicle Extra's (e.g. alloy wheels) | _____ R _____ | | _____ R _____ | | _____ R _____ | |
| | _____ R _____ | | _____ R _____ | | _____ R _____ | |
| | _____ R _____ | | _____ R _____ | | _____ R _____ | |
| | _____ R _____ | | _____ R _____ | | _____ R _____ | |

| VEHICLES continued | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---------|--|---|--------------|---------|--|--|--|--|--|--|--|--|--|---|--|--|-------|--------------|---------|--|--|--|--|--|--|--|--|--|--|--|--|
| Specified accessories (e.g. radio) | <div style="display: flex; justify-content: space-between;"> Yes <input type="checkbox"/> No <input type="checkbox"/> R <input type="text"/> </div> | | | <div style="display: flex; justify-content: space-between;"> Yes <input type="checkbox"/> No <input type="checkbox"/> R <input type="text"/> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tools, spare parts, travel accessories | <div style="display: flex; justify-content: space-between;"> Yes <input type="checkbox"/> No <input type="checkbox"/> R <input type="text"/> </div> | | | <div style="display: flex; justify-content: space-between;"> Yes <input type="checkbox"/> No <input type="checkbox"/> R <input type="text"/> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Excess Waiver: | <div style="display: flex; justify-content: space-between;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </div> <div style="font-size: small;">(Cannot select both Waiver and Voluntary Excess)</div> | | | <div style="display: flex; justify-content: space-between;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </div> <div style="font-size: small;">(Cannot select both Waiver and Voluntary Excess)</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Optional Cover: | Difference in market value/ hire purchase (Top up Cover): <input type="text"/> | | | Difference in market value/ hire purchase (Top up Cover): <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Car Hire: <input type="text"/> | | | Car Hire: <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Car hire Group: B, E, F or G <input type="text"/> | | | Car hire Group: B, E, F or G <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Vehicle Breakdown Service: <input type="text"/> | | | Vehicle Breakdown Service: <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4x4 Cover: <input type="text"/> | | | 4x4 Cover: <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Luxury Vehicle Cover: <input type="text"/> | | | Luxury Vehicle Cover: <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the Policyholder the Regular driver of this vehicle? | <div style="display: flex; justify-content: space-between;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </div> | | | <div style="display: flex; justify-content: space-between;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | If Yes: Date of first issue of drivers licence: <input type="text"/> Code: <input type="text"/> | | | If Yes: Date of first issue of drivers licence: <input type="text"/> Code: <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Regular driver details: (if other than policyholder) | Surname: <input type="text"/> Initials: <input type="text"/> Title: <input type="text"/> Occupation: <input type="text"/> ID No: <input type="text"/> Marital Status: <input type="text"/> Gender: <div style="display: flex; justify-content: space-around;">Male <input type="checkbox"/>Female <input type="checkbox"/></div> Date of first issue of drivers licence: <input type="text"/> Code: <input type="text"/> NCB: <input type="text"/> Have you suffered any losses/damage to property that you have not claimed for, or claims in the last 3 years, whether insured or not? <div style="display: flex; justify-content: space-between;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </div> | | | Surname: <input type="text"/> Initials: <input type="text"/> Title: <input type="text"/> Occupation: <input type="text"/> ID No: <input type="text"/> Marital Status: <input type="text"/> Gender: <div style="display: flex; justify-content: space-around;">Male <input type="checkbox"/>Female <input type="checkbox"/></div> Date of first issue of drivers licence: <input type="text"/> Code: <input type="text"/> NCB: <input type="text"/> Have you suffered any losses/damage to property that you have not claimed for, or claims in the last 3 years, whether insured or not? <div style="display: flex; justify-content: space-between;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | If "Yes", supply full details (if more than 3 please complete details on a separate page): <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="width: 20%;">DATE:</th> <th style="width: 50%;">DESCRIPTION:</th> <th style="width: 30%;">AMOUNT:</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | | | DATE: | DESCRIPTION: | AMOUNT: | | | | | | | | | | If "Yes", supply full details (if more than 3 please complete details on a separate page): <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="width: 20%;">DATE:</th> <th style="width: 50%;">DESCRIPTION:</th> <th style="width: 30%;">AMOUNT:</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | | | DATE: | DESCRIPTION: | AMOUNT: | | | | | | | | | | | | |
| DATE: | DESCRIPTION: | AMOUNT: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| DATE: | DESCRIPTION: | AMOUNT: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| MOTORCYCLES | | | | | | |
|----------------------|----------------------|-----------------------------|-----------------------------|----------------------|-----------------------------|-----------------------------|
| Registered owner: | Motorcycle 1 | | | Motorcycle 2 | | |
| | Policy holder | Spouse | Financially dependent Child | Policy holder | Spouse | Financially dependent Child |
| | Private | | | Business | | |
| | Comprehensive | Third Party, Fire and Theft | Third Party Only | Comprehensive | Third Party, Fire and Theft | Third Party Only |
| | Year of manufacture: | | | Year of manufacture: | | |
| | Make: | | | Make: | | |
| | Model: | | | Model: | | |
| Registration Number: | | | | | | |
| Sum Insured: | R _____ | | | R _____ | | |

| CARAVAN / TRAILER | | | | | | |
|---------------------|----------------------------|--------|---------|----------------------------|--------|---------|
| Type: | Caravan / Trailer 1 | | | Caravan / Trailer 2 | | |
| | Caravan | | Trailer | Caravan | | Trailer |
| | Policyholder | Spouse | Other | Policyholder | Spouse | Other |
| | Year of manufacture: | | | Year of manufacture: | | |
| | Make/Model: | | | Make/Model: | | |
| | Registration No. | | | Registration No. | | |
| | Sum Insured: | | | Sum Insured: | | |
| Contents of caravan | Yes | No | R _____ | Yes | No | R _____ |

| WATERCRAFT | | | | | | | | |
|-------------------|---------------------------------|--------|-------|---------------------------------|----------------|-------|---------|----|
| Registered owner: | Craft 1 | | | Craft 2 | | | | |
| | Policyholder | Spouse | Other | Policyholder | Spouse | Other | | |
| | Year of manufacture: | | | Year of manufacture: | | | | |
| | Type of craft (e.g. ski boat) | | | Type of craft (e.g. ski boat) | | | | |
| | Make/hull class (e.g. seafarer) | | | Make/hull class (e.g. seafarer) | | | | |
| | Glitter Finish | | Yes | No | Glitter Finish | | Yes | No |
| | Length of hull | | | Length of hull | | | | |
| Maximum Speed | Km/h | | | Maximum Speed | | | Km/h | |
| Name of Craft | | | | Name of Craft | | | | |
| Sum Insured: | R _____ | | | Sum Insured: | | | R _____ | |

| WATERCRAFT continued | | | | | |
|-----------------------|--------------|--|-----|--|--|
| Outboard Motors | Yes | | No | | |
| | Year | | | | |
| | Make | | | | |
| | Horsepower | | k/w | | |
| | Sum Insured | | R | | |
| Specified accessories | Yes | | No | | |
| | Sum Insured | | R | | |
| | Description: | | | | |
| | | | | | |
| | | | | | |

| PART 2 – LIABILITY AND LEGAL COSTS AND LEGAL EXPENSES INSURANCE | | | |
|---|---|--|--|
| Personal Legal Liability (R5 000 000) | <div>Yes</div> <div>No</div> | | |
| (Is compulsory for House contents or Houseowners insurance) | | | |
| Extended Personal Legal liability | <div>Yes</div> <div>No</div> | | |
| If Yes, Select Sum Insured | <div>R10 000 000</div> <div>R20 000 000</div> | | |
| Legal Costs and Legal Expenses | <div>Yes</div> <div>No</div> | | |
| If Yes, Select Sum Insured | <div>R30 000</div> <div>R60 000</div> <div>R100 000</div> | | |

| PART 3 – FAMILY PROTECTION INSURANCE | | | | | | | | |
|---|-------------------------|--------|--|-------------------------|--------|--|-------------------------|--------|
| Personal Accident (cover against death or disability due to an accident – world wide) | | | | | | | | |
| | <u>Insured person 1</u> | | | <u>Insured person 2</u> | | | <u>Insured person 3</u> | |
| Name: | | | | | | | | |
| Surname: | | | | | | | | |
| Relation to Policyholder | | | | | | | | |
| Gender | Male | Female | | Male | Female | | Male | Female |
| ID Number | | | | | | | | |
| Marital Status | | | | | | | | |
| Occupation | | | | | | | | |
| Sum Insured (R1000 to R1 000 000) | | | | | | | | |
| <u>Optional Cover:</u> | | | | | | | | |
| Temporary Total Disablement (104 weeks) | Yes | No | | Yes | No | | Yes | No |

| Death Benefit Plan | | | | |
|--|---|--|--|--|
| (Underwritten by Sanlam Customised Insurance Limited, an authorised financial services provider) | | | | |
| Family Cover | <div>Yes</div> <div>No</div> | | | |
| If Yes, Select sum insured | <div>R 3,000</div> <div>R 5,000</div> <div>R 7,500</div> <div>R10 000</div> | | | |

| Death Benefit Plan continued | | | | | | | | | |
|--|--|--------|--|-------------------------|---|---------------------------|---------------------------|---------------------------|--|
| Individual Cover | <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes, Complete the Insured person's details: Waiting period for natural death is 6 months from inception. | | | | | | |
| Initials: Surname: Relation to Policyholder: Gender: ID Number: Marital Status: Occupation: Sum Insured: R3 000, R5 000, R7 500 or R10 000. | <u>Insured person 1</u> | | | <u>Insured person 2</u> | | | <u>Insured person 3</u> | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | Male | Female | | Male | Female | | Male | Female | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Hospital Benefit Plan | | | | | | | | | |
| Waiting period is 24 hours. | | | | | | | | | |
| Family Cover | <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes, Select daily benefit R _____ (R50 – R400 in multiples of R50) | | | | | | |
| Individual Cover | <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes, Complete the Insured person's details: | | | | | | |
| Initials: Surname: Relation to Policyholder: Gender: ID Number: Marital Status: Occupation: Daily Benefit: (R50 – R400 in multiples of R50) | <u>Insured person 1</u> | | | <u>Insured person 2</u> | | | <u>Insured person 3</u> | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | Male | Female | | Male | Female | | Male | Female | |
| | | | | | | | | | |
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| | | | | | | | | | |
| Debit Order / Banking details | | | | | | | | | |
| Inception Date | <input type="text"/> D <input type="text"/> D | | <input type="text"/> M <input type="text"/> M | | <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y | | | | |
| Choice of Payment | <input type="checkbox"/> Monthly <input type="checkbox"/> Annual | | Sasria (riot Cover) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Debit Order date | On, or first working day before | | | | <input type="text"/> 29th | <input type="text"/> 30th | <input type="text"/> 31st | <input type="text"/> 1st | |
| | On, or first working day after | | | | <input type="text"/> 25th | <input type="text"/> 26th | <input type="text"/> 27th | <input type="text"/> 28th | |
| | Two working days after | | | | <input type="text"/> 15th | | | | |
| Page 9/10 | | | | | | | | | |

| Debit Order / Banking details continued | | | | | | |
|---|---|-----------------------|-------|--------|--------------|---------|
| Banking details | Branch Code: _____ Bank: _____ Account No: _____ Account Holder: _____ Type of Account: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100%;"> <tr> <td style="width: 33%;">Cheque</td> <td style="width: 33%;">Transmission</td> <td style="width: 33%;">Savings</td> </tr> </table> | | | Cheque | Transmission | Savings |
| Cheque | Transmission | Savings | | | | |
| Authorisation by Account Holder | <p>I, the undersigned hereby authorise Cyndré Brokers to deduct the amount of the premium from my account at the aforementioned institution in any way that Cyndré Brokers and the institution have agreed upon. Cyndré Brokers may pay any amount that is owed to me, into the bank account reflected above. All deductions from my account by Cyndré Brokers will be regarded as having been authorised by me. Cyndré Brokers may not cede its rights in respect of this authorisation to a third party without my written consent.</p> <p>Signature of Account Holder _____ Date _____</p> | | | | | |
| FOR USE BY BROKER/AGENT | | | | | | |
| Agent Number | _____ | Name of Agency | _____ | | | |
| Telephone No | _____ | Fax No | _____ | | | |
| DECLARATION BY POLICYHOLDER / OTHER INSURED | | | | | | |
| <p>I, the undersigned do hereby declare and state as follows that:</p> <ol style="list-style-type: none"> The information contained in this application form is true and correct and that I understand that the information contained herein will be used for the assessment of my risk. I acknowledge that the sharing and accessing of information (including credit information held by other institutions) for underwriting and claims purposes is in the public interest, as it will enable insurers to underwrite policies, assess and re-assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums. On my own behalf and on behalf of any person I represent herein, I hereby waive my right to privacy with regard to any underwriting and claims information in respect of any insurance policy or claim made or lodged by me, or on my behalf. I consent to such information being stored on any shared database to which Cyndré Brokers or its agents, from time to time, subscribe and for such information to be processed and reprocessed as set out above. I also consent to such information being disclosed to any insurer or its agent. I further consent to any underwriting information and credit information held by other institutions being accessed and verified on databases. I also consent to the underwriting, claims or credit information referred to above being retained on any shared database and shared with insurers and/or other institutions for underwriting purposes and/or to reduce the incidence of fraud, notwithstanding the cancellation of my policy by myself or by Santam. <p>Signature of policyholder or person signing on behalf of the policyholder _____ Date _____</p> | | | | | | |
| DECLARATION BY INTERMEDIARY IF THE FORM IS SIGNED ON BEHALF OF THE POLICYHOLDER | | | | | | |
| <p>I, the undersigned do hereby declare and state as follows that:</p> <ol style="list-style-type: none"> I am duly authorised by the policyholder to complete and sign this application form on his/her/its behalf. I have explained the contents regarding sharing of policyholder information as contained under the heading "Declaration by policyholder/other insured" I am authorised in writing by the policyholder to give the necessary consent as contemplated under the heading "Declaration by policyholder/other insured" on his/her/its behalf. I am aware that Cyndré Brokers reserves the right to request proof of the written consent issued by the policyholder at any time. <p>Signature of intermediary _____ Date _____</p> | | | | | | |

Santam is an authorised financial services provider (licence number 3416)