

## APPLICATION FORM

Mark with "X": is this a ☐ New Policy ☐ or an Amendment ☐ to your existing Sanlam Policy?

<b>1 Who is the Main Assured?</b> TITLE: _____ FULL NAMES: _____ SURNAME: _____ GENDER: _____ IDENTITY NUMBER: _____ MARITAL STATUS: _____ DATE OF BIRTH: _____ POSTAL ADDRESS: _____ TELEPHONE NUMBER: _____ LANGUAGE: AFR/ENG w: _____ h: _____ CELL: _____ E-MAIL ADDRESS: _____	<b>2 Who is the Spouse?</b> TITLE: _____ FULL NAMES: _____ SURNAME: _____ GENDER: _____ IDENTITY NUMBER: _____ MARITAL STATUS: _____ DATE OF BIRTH: _____ POSTAL ADDRESS: _____ TELEPHONE NUMBER: _____ LANGUAGE: AFR/ENG w: _____ h: _____ CELL: _____ E-MAIL ADDRESS: _____
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**3 Do you have dependent children? (R1.22 premium extra per child from the 5th child)**  

Name and Surname:	Gender:	Date of birth:
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____

**4 Extended Family (optional)**  

Name and Surname:	Gender ID no / Date of birth	ANB Relationship	Insured amount	Premium
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____

(\*Age next birthday)(In case of insufficient space, you may complete the additional information on a separate sheet attach to the application form.)

**5 Which plan do you want?**  

ANB (Mark with "X")	PLAN A	PLAN B	PLAN C	Premium pm
Main Member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
1. Individual option	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
2. Family option	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
3. Additional Spouse option	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
4. Parent and Extended Family option	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Initial Fee: R 20.00				Total: R _____

**6 Who is the Beneficiary? (To whom should the benefit be payable in case of death)**  

Full Names and Surname	Date of birth	Relationship	% of Benefit
_____	_____	_____	_____
_____	_____	_____	_____

**7 What is your banking details? If using a cheque account, please attach a cancelled cheque. We don't accept Post Office or FNB savings accounts.**  

Type of account: ☐ Cheque account ☐ Savings account ☐ Transmission account

NAME OF BANK (\_\_\_\_\_) BRANCH (\_\_\_\_\_) CODE (\_\_\_\_\_) CITY/TOWN (\_\_\_\_\_) Account number (\_\_\_\_\_)

Account holder: (initials and Surname) \_\_\_\_\_

**8 Debit order authorisation for FSP Solutions**  

I hereby instruct and authorise FSP Solutions Reg no: 2003/000619/07, to withdraw against my account with the above mentioned Bank or any other bank or branch to which I may transfer my account with the monthly premium payable as indicated below in respect of the assurance being applied for on the \_\_\_\_\_ day of each and every month commencing on \_\_\_\_\_. The authorisation will remain in force until it is cancelled by me in writing.

Signature of Account Holder \_\_\_\_\_ Date \_\_\_\_\_

**9 Read the following and remember to sign!**  

I the undersigned, hereby declare and warrant all information supplied herein, to be true and complete. I am aware and understand that my nondisclosure or misrepresentation of information which is material to the determination of the risk by FSP Solutions, may lead to the policy being declared null and void, in which case all premiums paid in, will be forfeited. I am certain that the product which I am applying for, meets my needs and that I have all the necessary information to make an informed decision in respect of the purchase thereof.

Is this proposal to replace an existing policy with any insurer? ☐ Yes ☐ No if yes, you will be contacted in this regard.

Take Note: It is generally disadvantageous to replace an existing policy with a new policy and you should be informed of the implications by FSP Solutions. The terms and conditions applicable to this policy are fully explained in your policy document. You may, within 30 days of receipt of the summary of your policy contract cancel this transaction by informing FSP Solutions in writing.

Signature of Main Member \_\_\_\_\_ Date \_\_\_\_\_