

GENERAL QUESTIONNAIRE

(To be completed by the life insured)

1. Life insured's details

Policy no. _____ Identity no. _____

Name of insured _____

Please supply full and accurate details in connection with: _____

1.1 Describe fully the symptoms/episodes _____

1.2 When did the symptoms first begin?

D	D	M	M	Y	Y	Y	Y
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1.3 What was the duration of the symptoms/episodes? _____

1.4 How frequent are the symptoms/episodes? _____

1.5 When did you last have any symptoms/episodes?

D	D	M	M	Y	Y	Y	Y
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a. Have they ever resulted in absence from work? YES NO

b. Have you ever been hospitalised? YES NO

If YES, give full details _____

1.6 Are the symptoms/episodes caused by any special circumstances or conditions? YES NO

If YES, give full details _____

1.7 Have you ever consulted a doctor for this condition? YES NO

If YES, provide name, address and date of last consultation _____

1.8 What treatment have you received, e.g. surgery or medication? Give full details _____

1.9 When did you last receive medication/treatment?

D	D	M	M	Y	Y	Y	Y
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1.10 Is there any likelihood of surgical or any other treatment in the future? YES NO

If YES, supply details _____

2. 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.

Initials

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.

Signature
(life insured)

Date

D	D	M	M	Y	Y	Y	Y
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