

MINING 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 a. What is the name of the mine in which you work? _____

b. What kind of mining do you do (e.g. gold, copper, asbestos, coal)? _____

c. Are you likely to work for another mine in the future? YES NO

If YES, provide details _____

2.2 a. What is your present occupation? _____

b. Describe your exact duties (please be specific) _____

c. Is there any possibility of a change in your duties? YES NO

If YES, provide details _____

2.3 a. Does your occupation ever require you to go underground? YES NO

If YES, provide the average number of hours spent underground per week _____

b. Are you involved in blasting? YES NO

If YES, provide details _____

2.4 a. When was your last medical examination?

D	D	M	M	Y	Y	Y	Y
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b. Have you ever been notified that you have developed any kind of disease of the chest or lungs? YES NO

If YES, provide details _____

2.5 Have you ever received any compensation (e.g. a cash sum or pension), from any source whatsoever, for any reason related to your employment? YES NO

If YES, provide details _____

Name of mine	Capacity in which employed	Period of employment	
		From	To

2.6 Are you aware of any retrenchment process instituted by your employer? YES NO

Initials

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.

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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