

SKYDIVING/PARACHUTING 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 In what type of parachuting do you participate?

Instructor Recreational Professional

2.2 Are you a member of a club? YES NO

If YES, provide full details _____

2.3 What type of license do you hold?

2.4 Indicate in which activities you participate or intend to participate:

Static line/tandem Competitions Sky-surfing
 Record attempts Base jumping Canopy piloting
 Wingsuits Free style, free-flying or formations

If YES, indicate the number of jumps per annum _____

2.5 Are you involved in military parachuting? YES NO

If YES, provide full details _____

2.6 Do you intend to continue jumping after your completion of military training? YES NO

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

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