

# Company or Trust Addendum

This form is to accompany any application to contract and/or request to transact on a Hollard Life policy, where the policyholder or premium payer is not a natural person.

Please tick the applicable box.

Addendum for Policy Owner

Addendum for Premium Payer

Quote Reference no. for application for cover

Policy no.

## Company/Trust Details

Registered name of company/trust

Trading name of company, if different to the registered name

Registration no./Trust no.

Relationship to the Insured

Contact no.

Cell no.

Email address

Country of residence

Postal address

Physical address

Registered address

Industry sector

Source of funds (salary, business processed, sales proceeds, claims proceeds)

Source of wealth

## Authorised Signatory

Title  Name

Surname

ID/Passport no.

Signature

## Director/Trustee Details

Title  Name

Surname

ID/Passport no.

Title  Name

Surname

ID/Passport no.

Title  Name

Surname

ID/Passport no.

## Shareholder Details, where shareholding is greater than 25%

Title  Name

Surname

ID/Passport no.

Title  Name

Surname

ID/Passport no.

Title  Name

Surname

ID/Passport no.

Policyholder signature