Hollard.

DECLARATION OF ACCEPTANCE – ELECTRONIC APPLICATION

(To be completed by the life insured)

Attach a copy of the Hollard Life quotation and Application form and the ASISA RPAR where applicable with the matching reference number completed below.					
Policy details					
Quote reference no.	ID no. / Reg no.				
Name of insured					
		<			
Hollard Life will only accept and process your application for insurance upon receipt of a fully completed application form, a copy of the quotation program and a fully completed and signed declaration of acceptance (this form) where the reference numbers are the same on these documents.					
I understand and accept that the reference number entered below is the unique code which will be used to identify the electronic application form and quotation.					
I declare that I have fully considered and understood each page of the Hollard Life application form, quotation and related documents and that the statements and responses given in this application, quotation and all related documents that I have signed or will sign in connection with this application are true and complete.					
I agree that this declaration of acceptance together with all relevant documents that have been or will be signed by me/us or any person whose life is to be insured in terms hereof, shall be the basis of the contract between Hollard Life and myself, and that if any material information is withheld the benefits and all monies paid to Hollard Life shall be forfeited.					
I further agree that should Hollard Life accept this declaration of acceptance, such acceptance will be conditional upon there having been no material alteration to the facts on which the decision was based and no illness or injury to the life insured between the date of signing this declaration of acceptance and the date of acceptance of the policy by Hollard Life. Any such alteration to the facts must be communicated to Hollard Life in writing, and failure to do so may result in repudiation of any future claim.					
I understand that if the first premium is not paid on or before the first debit order date no cover is provided, or benefits payable for the period from that debit order date until the first premium is received in full by Hollard Life.					
Accepting that I am thereby curtailing my right of privacy, but to facilitate the assessment of the risks, and the consideration of any claim for benefits, under a policy related to this or any other proposal for insurance made by me, or in respect of me as the life insured, at any time (even after my death)and in such detailed, abbreviated or coded form as may from time to time be decided by Hollard Life or by the operators of such database, I irrevocably authorise Hollard Life to:					
 a) obtain from any person, who I hereby so authorise and request to give, any information which Hollard Life deems necessary; b) share with other insurers that information and any information contained in this application or in any related policy or other document, either directly or through a database operated by, or for, insurers as a group; c) obtain and provide to any credit bureau, life insurance or credit providers industry association or other association for an industry in which Hollard Life operates, any information relating to my credit worthiness or any consumer credit related information; and d) send me any relevant information pertaining to my policy benefits and other benefits Hollard Life offers from time to time. 					
Hollard Life will not be liable for any loss arising from any errors and omissions made by any party to this application or the financial advisor on the quotation and application form. Hollard Life will not be held liable for any errors or omissions which may have occurred in the production or completion of this document.					
Hollard Life will use the information on the application form to generate the policy contract. If there are any discrepancies between the quotation, the application form and the policy contract issued by Hollard Life, the policy contract will prevail. This declaration of acceptance does not create any obligation for Hollard Life until the application for insurance has been accepted in writing by Hollard Life.					
I confirm that I have read, understood and accept all undertakings, declarations, instructions and disclosures. I confirm and accept that all the information used in producing the Hollard Life application form and quotation with the following reference number to be true and correct. I confirm that I have read, understood and accept all disclosures and declarations as listed on the Replacement Policy Advice Record (if applicable).					
I further confirm that this from was completed in full prior to me signing it.					

Hollard Life Assurance Company Limited (Reg.No. 1993/001405/06) is a registered Long Term Insurer and an authorised Financial Services Provider.

Reference number		Premium	R	
* Please save the final accepted quote as a PDF document before inserting the generated reference number.				
I authorise Hollard Life to accept this application and the accompanied illustrative quotion if the premium changes by less than 10%.				
For your protection this form should not be signed until all details have been completed. This form will be deemed to have been completed by you irrespective of who completed the form.				
Signed at			Date YYYYMMDD	
Signature (life insured)				
Signature (policy owner)				
Signature (policy owner)				
Authorisation by Premium Payer				
I authorise Hollard Life to draw against the bank account information provided, all amounts due in terms of this declaration of acceptance and the accompanying application form. This authorisation is to remain in force until terminated by Hollard Life or myself. I accept that Hollard Life may debit my account on a date other than that specified. If there are insufficient funds in the nominated account to meet the premium payment due, Hollard Life is entitled to track my account and present the instruction for payment as soon as sufficient funds are available.				
Signature (premium payer)		Date	YYYYMMDD	
Declaration by the Financial Advisor				
I hereby declare that I have explained the benefits and obligations arising from this declaration of acceptance and the accompanying application form to the applicant and that they fully understand the consequences of any incorrect information provided.				
I further declare that I have explained the meaning and implication of the replacement question to the applicant and that the client is fully aware of the possible detrimental consequences of the replacement of an insurance policy. I have also explained the meaning of replacement, that a replacement is potentially prejudicial, the levying/deduction of a termination charge and that where a replacement is considered, the client is legally entitled to comprehensive information regarding the consequences of replacement.				

I confirm that I have identified the client, policyholder, insured life, premium payer and cessionary, where applicable, and verified his/her/ their details on this contract under the requirements of section 21 of the Financial Intelligence Centre Act, No. 38 of 2001. I further confirm that, in terms of section 22 of the same act, I have stored all the verification documents.

	Primary advisor	Secondary advisor
Full name		
Brokerage house		
Commission split		
Broker code		
Bib life / Pri no.		
Tel no.		
Broker consultant		
Distribution branch		
Signature		