

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 quotation if the premium changes by less than 10%.

 Y N

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

 Y Y Y Y M M D DSignature
(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

 Y Y Y Y M M D D

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		