

## FINANCIAL STATEMENT – SECURITY FOR A LOAN

(To be completed by the life insured)

### 1. Life insured's details

Policy no. \_\_\_\_\_ Identity no. \_\_\_\_\_  
 Name of insured \_\_\_\_\_

### 2. Income details

Gross income of debt during the last tax year (i.e. income before tax and before interest payable on this loan)

\_\_\_\_\_

\_\_\_\_\_

How much cover is currently in force with other insurance companies? Please give breakdown of amounts, ownership, reason for cover and name of insurance company.

Amount of life cover	Ownership of policy	Reason for cover	Insurance company

### 3. Attach copy of loan agreement

Is the policy ceded to the creditor? YES  NO

Name of creditor \_\_\_\_\_

Loan amount \_\_\_\_\_

Term of loan \_\_\_\_\_

Type of loan HP/Lease  Mortgage  Overdraft  Contingent liability  Other

Other (specify) \_\_\_\_\_

Details of suretyship (if applicable) \_\_\_\_\_

\_\_\_\_\_

Give a brief justification of the sum assured applied for \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Initials

#### 4. Declaration by life insured

I/We declare that this financial statement is true and correct and agree that such statement, together with the application for life assurance and any forms, statements, reports or other information completed or supplied by me/us or any party on my behalf, shall form the basis of the contract.

I/We declare that no material fact has been withheld, mis-stated, or concealed by me/us and that I/we will disclose all material facts prior to acceptance of the risk. I/We agree that any mis-statement/omission in this financial statement may lead to any contract being limited to a level of cover, as determined by Hollard Life, and that in such an event all excess contributions paid in respect thereof shall be forfeited.

#### 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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