

FOREIGN TRAVEL QUESTIONNAIRE

(To be completed by the life insured)

1. Life insured's details

Policy no. _____ Identity no. _____
 Name of insured _____

2. Section A

Please indicate as accurately as possible the name of countries travelled to and the length of stay in each.

2.1	Name	No. of days p.a. spent in the country

2.2 Have you stayed in this country before? YES NO

If YES, provide the date(s) and duration of your stay(s)

2.3 If not a South African resident, please supply nationality on passport and passport number

2.4 What is the purpose of your stay in the country? _____

3. Section B

3.1 Describe your exact duties in full (please be specific) _____

3.2 Provide the name and address of your employer

3.3 Does your employment contract include an emergency evacuation policy? YES NO

3.4 Provide us with any other information that you believe will assist us in the assessment of this risk

4. 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.

Initials

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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