

HABITS QUESTIONNAIRE – DRUGS

(To be completed by the life insured)

1. Life insured's details

Policy no. _____ Identity no. _____

Name of insured _____

2. General information

2.1 Do you consider your present state of health to be good? YES NO

2.2 State types of recreational drugs and amounts currently consumed

Type	Amount	Per day	Per week

2.3 If your average daily consumption was higher in the past, state when and give the average daily consumption at the time

Type	Amount	Date

2.4 Other types of recreational drugs and amounts consumed in the past

Type	Amount	Date

2.5 When did you last have any drugs?

D	D	M	M	Y	Y	Y	Y
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2.6 Have you ever received medical or other treatment for excessive consumption of drugs? YES NO

If YES, state when and give name of attending doctors or clinics where treatment was received

2.7 Have you ever been involved in any breach of law in connection with the use of drugs? YES NO

If YES, give details _____

2.8 Have you ever been diagnosed as having a medical disorder associated with drug use? YES NO

If YES, state diagnosis, treatment and name of attending doctor

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2.9 Have you ever had an alcohol problem?

YES

NO

If YES, please complete a **Habits Questionnaire – Alcohol**

2.10 Have you ever been treated for depression or been on medication for depression?

YES

NO

If YES, please complete a **Mental Health Questionnaire**

3. 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.

I authorise Hollard Life to approach any doctor or medical institution to confirm the details of my medical history.

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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Initials