

## INSOLVENCY QUESTIONNAIRE

(To be completed by the life insured)

### 1. Life insured's details

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

### 2. General information

Please state the following

Insured amount R \_\_\_\_\_

Monthly premium R \_\_\_\_\_

Policy plan \_\_\_\_\_

When were you sequestrated? 

D	D	M	M	Y	Y	Y	Y
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Have you been rehabilitated? YES  NO

If YES, state date 

D	D	M	M	Y	Y	Y	Y
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What is your current gross monthly income? (Please attach proof of income) R \_\_\_\_\_

Outstanding liability at sequestration date R \_\_\_\_\_

Outstanding liability at present R \_\_\_\_\_

### 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.

**Signature (life insured)** \_\_\_\_\_ **Date**

D	D	M	M	Y	Y	Y	Y
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Please note: In the case of insolvency where Hollard Life has accepted the insured life and granted life insurance, Hollard Life could limit the life cover and benefits.

### 4. Declaration by trustee/curator

(To be completed if the insured life is an unrehabilitated insolvent)

Trustee's/curator's name \_\_\_\_\_

Trustee's/curator's address \_\_\_\_\_

Postal code \_\_\_\_\_

Telephone no. \_\_\_\_\_

I grant permission for the insolvent to take out a life insurance policy with Hollard Life as set out above.

**Signature (trustee/curator)** \_\_\_\_\_ **Date**

D	D	M	M	Y	Y	Y	Y
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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**

D	D	M	M	Y	Y	Y	Y
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