

## MOUNTAINEERING QUESTIONNAIRE

1. Life insured's details  Policy no. Identity no.  Name of insured  2. General information  2.1 In what type of mountaineering do you participate, e.g. abselling, hiking, rock climbing?  2.2 How frequently do you climb?  2.3 Do you belong to a recognised mountaineering club?  17 YES, provide details of the club  2.4 In what mountain ranges do you currently climb?  a. Local b. International  2.5 Maximum height of climbs  2.6 Have you ever had a climbing accident?  17 YES, provide details  2.7 To what technical grade have you progressed?  2.8 Do you ever climb alone?  2.9 Do you ever climb alone?  2.10 Do you ever climb alone?  3. Declaration by life insured  1. 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.  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 II.  Financial intelligence Centre Amendment Act (FICAA)  In accordance with applicable ant-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 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 pressonable time of our request we may be unable to provide you with cover or may cancel the policy in accordance with applicable law.	(To be completed by the life insured)											
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Signature (life insured)  Date  Date	_		Date	D	D	M	IV	1	Υ	Υ	Υ	Υ