

## TAXI OWNER QUESTIONNAIRE

(To be completed by the life insured)

### 1. Life insured's details

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

### 2. General information

2.1 With which taxi association are you registered? \_\_\_\_\_

2.2 How many taxis do you own? \_\_\_\_\_

2.3 Describe your daily occupational duties below (please be specific)  
 \_\_\_\_\_  
 \_\_\_\_\_

2.4 Do you drive your taxi(s)? YES  NO   
 If YES, how often and why? \_\_\_\_\_

2.5 Do your occupational duties ever involve:

a. Providing security for a taxi association? YES  NO

b. Queue marshalling at taxi ranks and/or street corners? YES  NO

### 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.

#### 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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