

NON-SMOKER DECLARATION

(To be completed by the life insured)

1. Life insured's details

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

2. Declaration by life insured

I declare that I have not smoked or used any tobacco products, or smoking replacement products e.g. patches, vaping or E Cigarettes, hubbly, smoking of cannabis, beetle nut, chewing tobacco, snuff, cigars or pipe smoking in the 12 months before I have signed this declaration.

I further declare that I have no intention of smoking or using these products in the future.

Date of last use:

Y Y Y Y M M D D

In addition to this declaration, a negative cotinine test will be requested by Hollard Life. We will cover the cost of this cotinine, but not of a travelling venesection.

- 2.1 Have you been advised for medical reasons to stop smoking ☐ Y ☐ N
- 2.2 Have you been admitted to hospital for 2 or more consecutive days (apart from maternity, appendectomy or Musculo skeletal disorders) ☐ Y ☐ N
- 2.3 Are there any health factors past or present that may influence the risk on this policy such as heart attack, heart disease, stroke, cancer, liver or kidney disease, diabetes, TB, respiratory disorders such as asthma, emphysema, chronic bronchitis, COPD, or any other disease requiring chronic medication or therapy on an ongoing basis. ☐ Y ☐ N

If the answer is YES to any of the before-mentioned questions, please supply details below

Question	Nature and duration of complaint or symptom	Date	Name and address of attending doctor/hospital	Date of last symptom

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