

VIP PET APPLICATION FORM

Policyholder Details

Title _____ Surname _____

First name(s) _____ ID number _____

Residential address _____

_____ Code _____

Tel number (H) _____ Tel number (W) _____ Cell number _____

Email address (compulsory) _____

Would you like to hear more about products and offers from Hollard Equipage? YES ☐ NO ☐

Would you like to hear more about products and offers from Hollard? YES ☐ NO ☐

Would you like to hear more about products and offers from Hollard's partners? YES ☐ NO ☐

Details of pet

Type of pet Cat ☐ Dog ☐

Name of pet _____ Date of birth _____

Breed _____ Microchip no. _____

Gender M ☐ F ☐ Spayed YES ☐ NO ☐ N/A ☐ Neutered YES ☐ NO ☐ N/A ☐

Please select cover option ☐ Standard Cover Option 1
☐ Standard Cover Option 2
☐ Accident only

Veterinary Practice Details

Name of Veterinary Practice _____

Vet's name and surname _____ Tel number _____

Medical History

1. Has your pet ever been to the vet for any medical problems? YES ☐ NO ☐
 If YES, provide details _____

2. Has your pet needed medical treatment now or in the past? YES ☐ NO ☐
 If YES, provide details _____

3. Is your pet currently on any medication or prescription food? YES ☐ NO ☐
 If YES, provide details _____

4. Has your pet ever exhibited excessive licking or scratching? YES ☐ NO ☐
If YES, provide details

5. Has your pet ever had any eye or ear problems? YES ☐ NO ☐
If YES, provide details

6. Has your pet ever had severe vomiting or diarrhoea? YES ☐ NO ☐
If YES, provide details

7. Does your pet have difficulty walking or rising? YES ☐ NO ☐
If YES, provide details

8. Does your pet have any physical abnormalities? YES ☐ NO ☐
If YES, provide details

9. Has your pet had any behavioural problems? YES ☐ NO ☐
If YES, provide details

10. Are all vaccinations up to date? YES ☐ NO ☐

11. Has your pet ever been used in competitive or commercial activities? YES ☐ NO ☐
If YES, provide details

12. Is your pet adopted/rescued? YES ☐ NO ☐
If YES, please provide: date of adoption _____
name of shelter/rescue centre _____

13. Is there any other information you feel we should know about? YES ☐ NO ☐
If YES, provide details

Banking details of policyholder

Account holder	
Name of bank	
Branch code	
Type of account	
Account number	

How would you like to pay your premiums?

Option 1: Once-off annual payment via EFT/Direct deposit

YES ☐ NO ☐

Please note that if you choose to pay your annual premium via electronic fund transfer or direct deposit, we still require your banking details for payment of claims and premium refunds (where applicable).

Please make payment within 30 days of your cover start date into the following banking details:

Bank name	ABSA Bank
Account name	THIC - Equipagé Commercial Premium Account
Account number	405 915 4866
Branch number	632005
Reference	<i>Policyholder initials and surname</i>

Option 2: Monthly payment via debit order

YES ☐ NO ☐

What day must we debit your account each month?

1st ☐ 7th ☐ 15th ☐

Reference *The word EQUIPAGE followed by your policyholder number*

Option 3: Once-off annual payment via debit order

YES ☐ NO ☐

What date must we debit your account?

Please note that the date of your debit order must be within 30 days of your cover start date.

Reference *The word EQUIPAGE followed by your policyholder number*

Your Privacy

In order to provide you with insurance, we have to process your personal information. We will share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing the declaration, you agree to the processing and sharing of your personal information.

Declaration

1. **If you chose to pay your premium via debit order:** I authorise Hollard to debit my bank account with my premium on the premium collection date shown above.
 - I understand that if the first debit order is returned, the cover will not start and Hollard will not attempt another collection.
 - I agree that Hollard will pay any amount that is owed to me into the same bank account.
2. **If you chose to pay your premium via EFT/Direct deposit:** I agree that Hollard will pay any amount that is owed to me into the bank account details shown above.
3. I agree that the information included in the record of advice which I received with this application for insurance, is a true reflection of the advice I received from the Hollard agent.
4. I have carefully considered my needs, objectives and circumstances before accepting the quotation.
5. If a full short-term insurance needs analysis could not be conducted for any reason, I have been made aware of the risks and the potential limitation of the advice given. I understand that it is my responsibility to ensure that I carefully consider whether the limited advice given is appropriate for my needs, objectives and circumstances.
6. The Hollard agent explained all information set out in the record of advice and quotation to me, including:
 - Details of cover, exclusions and special conditions.
 - Premiums.
 - Consequences of providing false or incorrect information.
 - Details on how to complain.
7. If this policy replaces my current insurance policy, I confirm that the Hollard agent has explained the consequences of the replacement, including any differences in cover, exclusions, premiums, fees, terms and conditions.
8. I did not sign any blank or partially completed forms.
9. I confirm that the information I completed on this form is true and correct to the best of my knowledge.
10. I have not withheld any information that is likely to influence the decision of Hollard to accept my application for insurance.
11. I understand that Hollard may reject a claim or cancel my policy if I misrepresented or withheld any information.
12. I understand that this application for insurance will form the basis of the contract if Hollard accepts my application.

I ask Hollard to start cover for this pet on the below date, based on the cover and premium as set out in the quotation I received with this application.

Cover start date _____

Signed at _____ on this _____ day of _____ 20 _____

Name and surname of policyholder

Signature

Thank you for your application!

If we accept your application, we will send you the policy wording, policy schedule and acceptance letter.