

APPLICATION FORM

CLIENT DETAILS

Business Name			
Registration Nr			
Business Type (CC, Pty, etc)		Vat Number	
Telephone Nr			
Email Address			
Physical Address			
		Code	
Director Name + Surname			
ID number		Contact Nr	
Email			
Address		Code	
Plan Selection	Corporate (R250 p/m):	Corporate Prime (R495 p/m)	

PAYMENT AUTHORITY

Account Holder:	Bank:
Branch:	Branch Code:
Account Type:	Account Number:

I, the undersigned, hereby confirm that I am duly authorised enter into and agree to this policy. I hereby authorise and mandate Genric Insurance Company Limited (Genric), an authorised Financial Service Provider to deduct monthly with effect from _____ 20____ the premium of R_____ from my bank account, and thereafter on the _____ day of every following month, until such time as this authorisation in writing is cancelled, or until substituted with a new authorisation. Should the monthly selected debit order date fall on a public holiday or a weekend, I authorise Genric to debit the abovementioned account on the previous working day. I further authorise Genric to perform the necessary verification, validation and correction of the debit order details, supplied by me, with my bank or other third parties to ensure that the application form can be processed.

Account Holder Signature:	Date:
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BROKER APPOINTMENT

By undersigning this application, I confirm that Excel Life CC (FSP Nr: 11557) is appointed as my nominated intermediary for this product of Insurance.

DECLARATION

1. I warrant that all particulars on the application form are correct, whether in my handwriting or not
2. I was advised that the Insurer may give 31 days' notice of cancellation of this policy. I may cancel the policy effective immediately. We would like to confirm that provided premium has been collected successfully, you are covered for the full cancellation month.
3. I understand that any misrepresentation on or omission from the form may invalidate claims under the policy
4. Notice of inflationary increases will be sent to the Insured when applicable. Failure to advise to the contrary will serve as acceptance of the new terms.
5. I warrant that there are currently no pending circumstances that could involve legal action against me, or my taking legal action against any third party.

_____ NAME OF APPLICANT	_____ DATE	_____ SIGNATURE
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PLEASE RETURN THE COMPLETED APPLICATION FORM TO info@legalguardians.co.za