

NB! Please complete the details below and blank fields on the Quote Schedule, and return to Echelon Underwriting, in order to incept cover.

Proposal for Insurance

General Information

Policyholder: _____ Occupation: _____
 Contact No: _____ Contact No. (Spouse): _____
 Inception Date: _____ Quote Number: _____
 Payment Frequency: Monthly Annual Quote Amount: _____

Risk Information

Does the Policyholder/Client/Main Driver or any other driver, suffer from defective vision, hearing or from any physical or mental infirmity?

Yes No

If yes, please provide details: _____

Is the Policyholder/Client/ Main Driver or other driver's licence currently endorsed, or has it previously been endorsed?

Yes No

If yes, please provide details: _____

Has the Policyholder/Client/Main Driver suffered any losses, insured or otherwise, in the past 5 years?

Yes No

DETAILS OF INCIDENT	YEAR	AMOUNT CLAIMED

Has any insurer ever refused any proposal of yours, cancelled any policy (or section thereof), refused to renew or imposed any special conditions on any policy (or section thereof)?

Yes No

If yes, please provide details: _____

Please provide details of your current insurance policy: _____

Do you know of any information not contained in this quote, that would be material to the risk being insured, or would alter our acceptance or underwriting of the risk?

Yes No

If yes, please provide details: _____

Declaration

I hereby warrant that the details contained in the attached quote schedule, together with the above particulars and statements are true and contain all information known to me affecting the risks to be insured and that this and any other statement made by me or on my behalf for the purpose of the proposed insurance shall be the basis of and incorporated in the contract between me and Santam Limited herein represented by Echelon Private Client Solutions (Pty) Ltd t/a Echelon and shall be promissory.

I agree to accept the insurance on the terms and conditions set forth in the policy.

Date _____ Signature of Policyholder _____

Debit Order Authority

Bank: _____ Branch Name: _____

Branch Code: _____ Account Number: _____

Account Holder: _____ Type of Account: Current Transmission Savings

Authorisation by Account Holder

I hereby authorise Echelon Private Client Solutions (Pty) Ltd, on behalf of Santam Ltd, to debit my bank account noted above.

Signature of Account Holder: _____