SIRAGO UNDERWRITING MANAGERS (PTY) LTD
REG NO: 1993/001387/07 | VAT NO: 4950188724 | FSP NO: 4710
PHYSICAL ADDRESS: Irene Link Precinct, 7 Impala Avenue, Centurion, 0157
POSTAL ADDRESS: PO Box 1115, Bromhof, 2154
TEL NO: 010 599 1163 | EMAIL: applications@sirago.co.za
COMPLIANCE OFFICER: Moonstone Compliance (Pty) Ltd

HEALTH DECLARATION FORM

Please complete this form in black ink and CAPITAL letters

Name and Surname:

ID/Passport no.: Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other

Date of birth: D D M M Y Y Y Y Policy no.:

Medical aid details

I, the undersigned, hereby declare:

- That there has been no change in my state of health nor has any illness been suffered by me, or any of my dependants, from the date of my application and the signing of this statement;
- Agree that my cover is subject to the rules of the product with special reference to the policy wording;
- I acknowledge and understand the content of the above statement. I have no objection to taking the prescribed oath. I consider the prescribed oath to be binding on conscience.

Signature of policyholder: Date: D D M M Y Y Y Y

SPECIFIC HEALTH QUESTIONS

The following questions relate to you and dependants covered under this policy.

		YES	NO
1	Have you been admitted to hospital in the last 4 months?		
2	Are you expecting a hospital admission or aware of any conditions or illness that would require treatment in the next 12 months?		
3	Are you or any of your dependants currently pregnant?		
4	Have you taken chronic medication in the past 24 months, or are currently taking chronic medication?		
5	Have you been on gap cover before and/ or have had a gap claim? If yes, who was the provider?		

If you answered "YES" to any of the questions, please provide details below.

Question no:	Dependant name	Condition	Medication	Date Diagnosed

DEBIT ORDER DETAILS AND DEBIT AUTHORITY CONSENT

Name of account holder: (as appears on bank card)

Abbreviated name as registered with the bank

Bank name:

Amount to be deducted: R

Account no.:

Account type: ☐ Cheque ☐ Savings ☐ Transmission ☐ Other

Branch code:

Debit order day: ☐ 1st ☐ 5th ☐ 7th ☐ 10th ☐ 15th ☐ 20th ☐ 25th ☐ Lat day of the month

Agreement Reference no.:

Initial here ☐

I hereby instruct and authorise you to draw against my bank account the amount necessary for payment of my monthly premium due in respect of the above mentioned insurance, without prejudice to the rights of Sirago Underwriting Managers (Pty) Ltd. I further authorise you to increase the amount in the terms of the policy from time to time and authorise my bank to effect payment.

I/We hereby confirm acceptance of the below mentioned insurance policy, and authorise Sirago Underwriting Managers (Pty) Ltd to issue and deliver payment instructions to their Banker, to draw on my/our account at the under mentioned institution in any manner agreed on between Sirago Underwriting Managers (Pty) Ltd and such institution, the amount of the premium payable on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on ☐ and request the aforesaid institution to debit my/our account with all debits drawn against it by Sirago Underwriting Managers (Pty) Ltd. All such withdrawals from my/our bank account by Sirago Underwriting Managers (Pty) Ltd shall be treated as though they had been signed by me/us personally.

If the date of the payment instruction falls on a non-processing day (weekend or public holiday), I/we agree that the payment instruction may be debited against my/our account on the following business day.

I/we certify that the above bank details are correct. If these banking details have not been provided accurately, or if the details change at any time in the future and I/we fail to notify such changes or if payments are not made in accordance with the Debit Order Instruction, the responsibility of payment will rest with me/us. I acknowledge that any fees and charges levied by the bank on account of the debit order or any debit order payments which may be rejected for any reason whatsoever will be for my account.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand the details of eachwithdrawal will be printed on my Bank statement bearing a specific reference number which will reflect Sirago and your policy number as confirmed in the policy documents.

This authority may be cancelled by me/us by giving Sirago Underwriting Managers (Pty) Ltd thirty one days' notice in writing, however I/we understand that I/we shall not be entitled to any refund of amounts which Sirago Underwriting Managers (Pty) Ltd has withdrawn while this authority was in force, if such amounts were legally owing to Sirago Underwriting Managers (Pty) Ltd.

Declaration and Informed Consent in terms of the Protection of Personal Information Act 4, of 2013 (POPIA)

We at GENRIC Insurance Company Limited (GENRIC) respect your right to privacy. We need to collect and process some of your personal information in terms of various Privacy and Data Management laws and are bound by the terms and provisions of the Protection of Personal Information Act, regarding the acquisition, usage, retention, transmission, and deletionof your personal information.

Your personal information collected is for the primary purpose of providing you with insurance cover and for all other activities and processes incidental to and relevant to this purpose. As this information forms the basis our assessment and terms we offer you, it must be correct, complete, and up to date.
We will always comply with all relevant regulations in dealing with your information and keep it secure and confidential at all times. Your information shall be kept confidential: however, we shall disclose it to certain third parties as required and other insurers for the specific purpose of insurance and to reduce and prevent any form of fraudulent actvity. Should you decide to cancel this insurance contract, you further consent to GENRIC, in retaining the information in line with the legally permitted retention period, for statistical andreporting purposes only.

Should you decide not to accept the proposal, the information collected will be de-identified and only used for statistical and research purposes.
I hereby voluntarily consent to GENRIC processing my Personal Information.
I understand the purposes for which my Personal Information is required and for which it will be used.
I give GENRIC permission to process my Personal Information as provided above.
Our Privacy Notice and POPIA Policy provides the details of how we deal with the personal information of our clients, and it is available on our website at the following address: *https://genric.co.za*.

Signature of policyholder: ☐ Date: D D M M Y Y Y Y

DEBIT ORDER DETAILS

Name of account holder: ☐

Bank name: ☐ Account no.: ☐

Account type: ☐ Cheque ☐ Savings ☐ Transmission ☐ Other

Signature of account holder: ☐ Date: D D M M Y Y Y Y

IMPORTANT INFORMATION
- Please make sure FULL details are given for questions answered YES.
- Application forms may be underwritten and conditions may be excluded for longer than 10 months.
- The onus lies on the insured to make sure that premiums are paid on a monthly basis. Reference on bank statements read: **MD SIRAGO [Policynumber]**

GENRIC Insurance