Sanlam

UNDERWRITTEN BY CENTRIQ INSURANCE

Sanlam Gap Cover:
Amendment of Details Form

Amendments received after the 15th of the current month will only activate the 1st of the following month

Instructions

This form is to be completed in all instances where the details of either the main member or any of its dependants are required to be changed and/or updated. Upon completion of the Amendment of Details Form, please send it to your servicing Financial planner who will submit it to Kaelo on your behalf.

A. Main Member Details

Name: _____ Surname: _____

ID Number/Passport: ☐☐☐☐☐☐☐☐☐☐☐☐☐ Policy Number: _____

B. Relationship to Main Member

☐ Main Member ☐ Spouse ☐ Child

C. New Member or Dependant Details

Title: _____

First Names: _____ Surname: _____

ID/Passport: ☐☐☐☐☐☐☐☐☐☐☐☐☐ Date of Birth: D D M M Y Y Y Y

Email Address: _____

Tel: _____ Cell: _____

Postal Address: _____

_____

_____

Postal Code: _____

Physical Address: _____

_____

_____

Postal Code: _____

D. Debit Order Details
(If Applicable)

Bank Name: _____ Account Type: _____

Branch Code: _____ Account Holder: _____

Account Number: _____ Date Effective: D D M M Y Y Y Y

E. Declaration by Principal Member

I, (full name) _____ with ID number ☐☐☐☐☐☐☐☐☐☐☐☐☐
hereby declare that this application form, whether in my handwriting or not, is accurate and complete and forms the basis of the contract of insurance between the underwriter and myself. I hereby apply for Sanlam Gap Cover (underwritten by Centriq) and agree to abide by its policy rules and/or those of its underwriter and any amendments thereto which may be made from time to time. I hereby authorise Centriq to draw against the above bank account all amounts due to Centriq in terms of this insurance cover. I hereby authorise that this application form can be provided by my servicing Financial planner to the following email addresses: sanlamapps@kaelo.co.za.

Accurate information
I confirm that all the information provided herein is complete and true and that I have not concealed any relevant of pertinent information that may affect the evaluation of risk considered under this policy of cover.

I understand that the provision of any false, misleading or missing information could result in my application being rejected or my membership being cancelled or claims being rejected. Should this occur, I agree to refund all benefit payments that I have received in relation to this policy of insurance.

In the event that my employer is selecting the cover under this policy, I hereby provide authority for my employer to make such cover nomination on my behalf and furthermore indemnify Sanlam and the Underwriter against liability for any loss that may result from an incorrect nomination of such cover by the employer.

Premium payments
Premiums for Sanlam Gap Cover are payable monthly and deducted by Centriq. The payment reference will reflect as: Multid for SNGAP. Premiums that are in arrears will result in my membership being suspended or possibly terminated.

Where my employer deducts the premium from my salary I hereby provide authority for my employer to deduct such premium and pay this across to Centriq. I accept that any notice given to my employer is deemed to have been given to me.

Benefit payments
In the event that any policy benefit becomes payable subsequent to or as a result of my death, I hereby provide an irrevocable authority for such benefits to be paid directly to my surviving spouse or failing such circumstance to the nominated guardians or trustees responsible for the future care of my minor children or failing either of the preceding events to my estate.

Disclosure documents
I have read and understood the Sanlam Gap Cover Disclosure Notice which I received together with this Application Form.

In the case of transferring my cover to Sanlam Gap Cover (as chosen in F.4 of this form), I understand the difference between my current gap cover and Sanlam Gap Cover as explained to me by my intermediary.

Policy Exclusions and Terms and Conditions
Please refer to your final policy document for the full list of exclusions and terms and conditions.

Full Name: _____ Signature: _____

Date: D D M M Y Y Y Y

POPIA Consent

☐ I consent to Centriq, and its operators, processing, and further processing, my personal information in accordance with the Protection of Personal Information Act, for the purposes of concluding, and performing in terms of, this insurance contract.

For further information please read our Privacy Notice, which can be found on www.centriq.co.za

Once signed, this application form should be returned to your servicing Financial planner.

This is not a Medical Scheme and the cover is not the same as that of a Medical Scheme.
This Policy is not a substitute for Medical Scheme membership.

Kaelo Risk(Pty)Ltd is an authorised financial services provider (FSP 36391)
Insurance Products are underwritten by Centriq Insurance Company Limited ("Centriq")
a licensed non-life insurer and authorized Financial Services Provider (FSP 3417)

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