



Prime Asset Cover

The Policy that protects You - The Prime Asset in your business

FORM PA-A05-008
APPLICATION FORM

Reg. No. CK 1992/026005/23

AGENT/BROKER DETAILS:

AGENCY CODE:

A. LIFE INSURED

| | | | |
|---------------|----------------|---------|-------------|
| TITLE | FIRST NAMES | SURNAME | FEMALE MALE |
| DATE OF BIRTH | POSTAL ADDRESS | CODE | |
| E-MAIL | ID NO. | | |
| TEL (W) | TEL (H) | | |
| CELL | FAX | | |

B. OCCUPATIONAL DETAILS

| | |
|--|-----------------------|
| BUSINESS NAME | |
| INSURED'S RELATIONSHIP TO BUSINESS (Director / Owner / Member) | REG. No. |
| GENERAL DESCRIPTION OF BUSINESS | |
| NATURE OF INSURED'S DUTIES | |
| AVERAGE INCOME-TURNOVER /m R | REQUIRED COMMENCEMENT |

C. PLAN CHOICE

INCOME PROTECTION - CHOOSE A PLAN

- Platinum* PLAN APD (Plus)
- Gold* PLAN APD
- Silver* PLAN BPD
- Bronze* PLAN CPD

HOSPITAL PLAN

INCOME PROTECTION R _____

HOSPITAL PLAN R _____

TOTAL COST PER MONTH R _____

D. PRE EXISTING CONDITIONS

Are there any conditions, no matter how trivial, pertaining to illnesses or any previous bodily injury or medical conditions, occupational hazards, hobbies or past-times which may affect the assessment of the risks to be covered in terms of this application? Pre-existing conditions will be excluded from cover, for review upon request by the insured after a two year period of clear health confirmed by a medical practitioner, at underwriters' discretion. Illness claims arising during the initial 60 days from policy inception are not covered. Cover is immediate i.r.o. accident and for illness a 4 day waiting period applies.

YES: NO: If YES, then please provide full details: (complete separate sheet if necessary)

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E. DECLARATION

I declare that the statements made and the information contained in this application for a PRIME ASSET COVER PLAN, shall form the basis of the contract of insurance with Renasa Insurance Company Limited and I further warrant that the statements made are true to the best of my knowledge and belief.

SIGNED AT _____ THIS _____ DAY OF _____ 20 _____

SIGNATURE

F. DEBIT ORDER

I/we request Renasa Insurance Company Limited to draw against my/our account due amounts payable in terms of this contract. I further request the bank/institution to pay and debit my/our account with all such amounts drawn. If the account holder is a company, its exact name must be entered and the authorised officer/s must affix the company stamp/seal, sign and state his/her title within the company.

| | |
|---|----------------|
| ACCOUNT TYPE (Current / Transmission / Savings) | ACCOUNT HOLDER |
| ACCOUNT NO. | BANK |
| | BRANCH |
| | BRANCH CODE |
| SIGNATURE OF ACCOUNT HOLDER | DATE |

UNDERWRITTEN BY : RTU Managers (Pty) Ltd

INSURED BY :



N.B. Refer to your policy document for precise definitions, limitations and exclusions.

N.B. Please refer to the policy wording for specific exclusions relating to occupations such as pilots, police or military forces, professional sports people etc., and conditions such as HIV/AIDS, sexually transmitted diseases, stress related conditions, cosmetic procedures, influenza, laryngitis and sinusitis. Prime Asset Cover is a short-term insurance policy and therefore has no investment, cash or savings component. Please note cover ceases at age 70.