



Underwritten by GENRIC Insurance Company Limited

Compliance Officer: Moonstone Compliance (Pty) Ltd  
Financial Services Provider: (FSP 45769)

## REFUND FORM 2019

### PRINCIPAL INSURED DETAILS

Please complete this form in black ink and CAPITAL letters

Policy Number:

Name and Surname:

ID number / Passport:  Mr  Mrs  Miss  Dr  Other

Date of birth:  Email A address:

Contact details: Home no.:  Work no.:

Fax no.:  Cell no.:

Postal address:

Code:

Residential address:

### BANK DETAILS

Name of account holder:

Account no.:

Bank:  Standard Bank  ABSA  FNB  Nedbank  Capitec

Account type:  Cheque  Savings  Transmission  Other

Debit order day:  1st  7th  15th  25th  31st Other

### DECLARATION BY APPLICANT

The client takes full responsibility for all details provided

Signature of policy holder:  Date:

Spouse (If married in community of property):  Date:

### OFFICE USE ONLY

Checked By:

Approved  Declined Refund:

Reason for refund:

Signature:  Date:

I, the undersigned, hereby declare:

- That to the best of my knowledge and belief the information provided in connection with this application whether in my own handwriting or not, is true.
- That I understand that this is an Accident and Health policy with stated benefits in terms of the Short-term Insurance Act 53 of 1998 and the Insurance Act 18 of 2017 and not a Medical Scheme product.
- That I will advise WESMART Financial and Administration Solutions (Pty) Ltd of any changes to my health state between the point of application and actual inception of my policy.

