WESMART FINANCIAL AND ADMINISTRATION SOLUTIONS (PTY) LTD
REGISTRATION NO: 2014/247033/07 | VAT NO: 4340268665

PHYSICAL ADDRESS: Midrand Business Park, Building 3,
563 Old Pretoria Main Road, Midrand, 1685
POSTAL ADDRESS: PO Box 1115, Bromhof, 2154
TEL: 010 599 1170 | FAX: 086 664 1062
EMAIL: applications@wesmart.co.za

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

APPLICATION FORM 2019

Please complete this form in black ink and CAPITAL letters

PRINCIPAL INSURED DETAILS

Required Policy Inception Date

Name and Surname:

ID number \ Passport: Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other

Date of birth: Email Address:

Contact details: Home no.: Work no.:

Fax no.: Cell no.:

Postal address:

Code:

Residential address:

Code:

SPOUSE DETAILS

Name and Surname:

ID number \ Passport: Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other

Date of birth : Email Address:

Contact details: Home no.: Work no.:

Fax no.: Cell no.:

DEPENDANTS

Dependants are:
- Spouse and/or dependent children up to the age of 21 years
- Adopted/foster child (please attach documentary proof)
- Students up to the age of 27 (please prove full time enrolment)
- Please provide proof of studency

Name and Surname:

ID number \ Passport: Male ☐ Female ☐

Date of birth : Relationship to applicant:

Name and Surname:

ID number \ Passport: Male ☐ Female ☐

Date of birth : Relationship to applicant:

Name and Surname:

ID number \ Passport: Male ☐ Female ☐

Date of birth : Relationship to applicant:

Name and Surname:

ID number \ Passport: Male ☐ Female ☐

Date of birth : Relationship to applicant:

STATISTICS

Race: ☐ Indian/Asian ☐ Black ☐ Coloured ☐ White ☐ Other

Gender: ☐ Male ☐ Female

Income Bracket: ☐ 0 - 2 500 ☐ 2 501 - 5 000 ☐ 5 001 - 7 500 ☐ 10 001 - 12 500 ☐ 12 501 - 15 000 ☐ 15 001 +

We believe in protecting your privacy and will not share, rent or sell any personal information or any statistical data received to third parties outside of Wesmart, except as described in this policy.

SPECIFIC HEALTH QUESTIONS

The following questions are related to the policyholder and or any beneficiaries or dependents on the policy.

		YES	NO
1	Have you been admitted to hospital in the last 4 months?		
2	Are 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 dependents currently pregnant?		
4	Have you taken or are currently taking chronic medication in the past 24 months?		
5	Is there any additional information not specifically mentioned in this questionnaire related to your health statement that can affect our decision on cover?		

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

Question no.	Applicant/dependents	Disorder	Medication	Date Diagnosed

INTERMEDIARY DETAILS

Intermediary Group:

Intermediary Code:

Sales Person:

Sales Code:

Tel no.:

Cell no.:

OPTION SELECTION

DOCSURE HEALTH STARTUP:	INDIVIDUAL ☐	MAX 3 MEMBERS ☐	MAX 5 MEMBERS ☐
DOCSURE HEALTH STARTUP CORPORATE:	INDIVIDUAL ☐	MAX 3 MEMBERS ☐	MAX 5 MEMBERS ☐
DOCSURE HEALTH INTERMEDIATE:	INDIVIDUAL ☐	MAX 3 MEMBERS ☐	MAX 5 MEMBERS ☐
DOCSURE HEALTH ADVANCED:	INDIVIDUAL ☐	MAX 3 MEMBERS ☐	MAX 5 MEMBERS ☐
DOCSURE PRIMARY:	INDIVIDUAL ☐	MAX 3 MEMBERS ☐	MAX 5 MEMBERS ☐
DOCSURE MEDISEC:	INDIVIDUAL ☐	MAX 3 MEMBERS ☐	MAX 5 MEMBERS ☐
DOCSURE SIMUNYE:	INDIVIDUAL ☐	MAX 3 MEMBERS ☐	MAX 5 MEMBERS ☐
DEMA-SURE:	INDIVIDUAL ☐	MAX 3 MEMBERS ☐	MAX 5 MEMBERS ☐
GOLDEN HOUR:	INDIVIDUAL ☐		

OPTION BY APPLICANT:

Premium per month R

TOTAL PREMIUM PAYABLE R

*Intermediary Fee (Optional) R

* The Intermediary fee will only be collected subject to us receiving a signed contract between the Intermediary and Policyholder

* This Intermediary fee is optional and is paid to the intermediary on top of the statutory commission on your approval

Please return the completed form to applications@wesmart.co.za or by fax to 086 508 2292.

Signature of policy holder

Date:

Spouse (If married in community of property)

Date:

NOMINATED BENEFICIARY (related to death benefits and/or premium waivers)

Name and Surname:

ID number / Passport:

Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other

Date of birth :

Email Address:

Contact details: Home no.:

Work no.:

Fax no.:

Cell no.:

Relationship to Main member:

DEBIT ORDER AUTHORITY - PRINCIPAL INSURED DETAILS

Policy Number:

Name and Surname:

ID number / Passport.: Mr Mrs Miss Dr Other

Date of birth: Email Address:

Contact details: Home no.: Work no.:

Fax no.: Cell no.:

Postal address:

Code:

Residential address:

Code:

I/We hereby confirm acceptance of the below mentioned insurance policy, and authorise Wesmart Financial and Administration Solutions (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 Wesmart Financial and Administration Solutions (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 Wesmart Financial and Administration Solutions (Pty) Ltd.

All such withdrawals from my/our bank account by Wesmart Financial and Administration Solutions (Pty) Ltd shall be treated as though they had been signed by me/us personally.

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 each withdrawal 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 Wesmart Financial and Administration Solutions (Pty) Ltd thirty days' notice in writing, however I/we understand that I/we shall not be entitled to any refund of amounts which Wesmart Financial and Administration Solutions (Pty) Ltd has withdrawn while this authority was in force, if such amounts were legally owing to Wesmart Financial and Administration Solutions (Pty) Ltd.

DEBIT ORDER DETAILS

Name of account holder:

Account no.:

Bank: Standard Bank, ABSA, FNB, Nedbank, Capitec, Other

Account type: Cheque, Savings, Transmission, Other

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

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 Wesmart Financial and Administration Solutions (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.

Signature of account holder Date:

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.
Premiums are payable on a monthly basis by debit order. If two or more debit orders are returned, Wesmart Financial and Administration Solutions (Pty) Ltd will not be held liable should the policy be automatically terminated, or should claims incurred during this period of suspension not be paid. 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.

*If the facility is in the name of a Company, Close Corporation, Trust or Association the full names of such entity and the capacity of the signatory must be reflected.
In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.
Payment instructions due in December may be debited against my account on

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

I/WE acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement this Authority and Mandate cannot be assigned to any third party.

IMPORTANT INFORMATION

- Please make sure FULL details are given for questions answered YES.
- Application forms could 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: WESMART_MED
- Effective from 1 January 2019.
- In the event of a bereavement related claim the Insurer will pay the benefit into the principal or nominated beneficiaries account. The beneficiary must be noted on the policy prior to any loss. We will require the full name, surname and ID to note the beneficiary. At the time of a claim we will require the beneficiary's ID and proof of bank. Should there be no beneficiary noted on the policy prior to the loss or should we be unable to confirm the identity of the beneficiary, payment will always be made into the principal policyholders account.

BROKER FEE AGREEMENT

I (Full Name) _____ with ID number _____

acknowledge that my broker / advisor is (Company Name) _____

with FSP number _____ is authorised to request Wesmart Financial and Administration Solutions (Pty) Ltd with FSP number 45769 to collect an additional broker fee of R _____ with my monthly premium on this policy for the services listed below.

List of Services

_____

_____

_____

_____

I agree to the payment of these fees until such time as the policy is cancelled and/or I revoke the above authority.

I am aware that the fees are in addition to any premium payable and commission that the broker earns and are for the provision of the services above.

Signature

_____

Signature

_____

Brokerage

_____

Client

_____

Date

_____

Date

_____