



HEALTH DECLARATION FORM 2020

Please complete this form in black ink and CAPITAL letters

Name and Surname:

ID number / Passport: Mr Mrs Miss Dr Other

Date of birth: Policy Number:

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 dependents, 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 my conscience.

Signature of account holder Date:

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 Wesmart 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I/ we shall not be entitled to any refund of amounts which Wesmart Financial and Administration Solutions (Pty) Ltd has withdrawn while this authority was in force, if such amounts were legally owing to Wesmart Financial and Administration Solutions (Pty) Ltd.

SPECIFIC HEALTH QUESTIONS

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

YES NO

		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?		

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

Question no.	Applicant/dependents	Disorder	Medication	Date Diagnosed

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 2020

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.

BANKING DETAILS FOR REFUNDS

SHOULD YOU NOT COMPLETE THIS SECTION IT WILL RESULT IN US USING YOUR DEBIT ORDER DETAILS

Name of account holder:

Account no.:

Bank: Standard Bank ABSA FNB Nedbank Other

Account type: Cheque Savings Transmission Other

Signature of account holder Date: