



APPLICATION FORM

Please complete this form in black ink and CAPITAL letters

PRINCIPAL INSURED DETAILS

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

Cover is limited to:
- The Policyholder and maximum of 4 dependants in total
- Only one adult dependant is permitted
- The only other dependants allowed are child dependants

Dependants are:
- Spouse and/or dependent children up to the age of 21 years
- Students up to the age of 27 (please prove full time enrolment)
- Adopted/foster child (please attach documentary proof)
- An adult who is dependent on the policyholder and approved as eligible for membership of this policy.

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 +

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 dependants 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/dependants	Disorder	Medication	Date Diagnosed

INTERMEDIARY DETAILS

Intermediary Group:	<input type="text"/>	Intermediary Code:	<input type="text"/>
Sales Person:	<input type="text"/>	Sales Code:	<input type="text"/>
Tel no.:	<input type="text"/>	Cell no.:	<input type="text"/>

OPTION SELECTION

GOLDEN HOUR	ADULT <input type="checkbox"/>	ADULT DEPENDANT <input type="checkbox"/>	CHILD <input type="checkbox"/>
HOSPITAL PLAN	ADULT <input type="checkbox"/>	ADULT DEPENDANT <input type="checkbox"/>	CHILD <input type="checkbox"/>
PRIMARY STANDARD	ADULT <input type="checkbox"/>	ADULT DEPENDANT <input type="checkbox"/>	CHILD <input type="checkbox"/>
COMPREHENSIVE STANDARD	ADULT <input type="checkbox"/>	ADULT DEPENDANT <input type="checkbox"/>	CHILD <input type="checkbox"/>
COMPREHENSIVE PLUS	ADULT <input type="checkbox"/>	ADULT DEPENDANT <input type="checkbox"/>	CHILD <input type="checkbox"/>
COMPREHENSIVE ADVANCED	ADULT <input type="checkbox"/>	ADULT DEPENDANT <input type="checkbox"/>	CHILD <input type="checkbox"/>

OPTION BY APPLICANT:

Premium per month	<input type="text" value="R"/>
TOTAL PREMIUM PAYABLE	<input type="text" value="R"/>
*Intermediary Fee (Optional)	<input type="text" value="R"/>

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

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

Signature of policy holder	<input type="text"/>	Date:	<input type="text"/>
Spouse (If married in community of property)	<input type="text"/>	Date:	<input type="text"/>

NOMINATED BENEFICIARY (related to Accidental Death Benefits)

Name and Surname:	<input type="text"/>					
ID number / Passport:	<input type="text"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Dr <input type="checkbox"/>	Other <input type="text"/>
Date of birth :	<input type="text"/>	Email Address:	<input type="text"/>			
Contact details:	Home no.:	<input type="text"/>	Work no.:	<input type="text"/>		
	Fax no.:	<input type="text"/>	Cell no.:	<input type="text"/>		
Relationship to Policyholder:	<input type="text"/>					

DEBIT ORDER AUTHORITY - PRINCIPAL INSURED DETAILS

Policy Number:	<input type="text"/>											
Name and Surname:	<input type="text"/>											
ID number / Passport:	<input type="text"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Dr	<input type="checkbox"/>	Other	<input type="text"/>	
Date of birth:	<input type="text"/>	Email Address:	<input type="text"/>									
Contact details:	Home no.:	<input type="text"/>	Work no.:	<input type="text"/>								
	Fax no.:	<input type="text"/>	Cell no.:	<input type="text"/>								
Postal address:	<input type="text"/>											
	<input type="text"/>										Code:	<input type="text"/>
Residential address:	<input type="text"/>											
	<input type="text"/>										Code:	<input type="text"/>

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:	<input type="text"/>											
Account no.:	<input type="text"/>											
Bank:	<input type="checkbox"/>	Standard Bank	<input type="checkbox"/>	ABSA	<input type="checkbox"/>	FNB	<input type="checkbox"/>	Nedbank	<input type="checkbox"/>	Capitec	<input type="text"/>	Other
Account type:	<input type="checkbox"/>	Cheque	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Transmission	<input type="text"/>	Other				
Debit order day:	<input type="checkbox"/>	1st	<input type="checkbox"/>	5th	<input type="checkbox"/>	7th						

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.

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 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.

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.

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 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-one 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 as withdrawn while this authority was in force, if such amounts were legally owing to Wesmart Financial and Administration Solutions (Pty) Ltd.

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
- In the event of a bereavement related claim the Insurer will pay the benefit into the policyholder 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 policyholders account.

Signature of account holder: Date:

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



Wesmart Financial and Administration Solutions (Pty) Ltd is an authorised Financial Services Provider (FSP:45769) Underwriting Agency for
GENRIC Insurance Company Limited (FSP: 43638). GENRIC is an Authorised Financial Services Provider and licensed non-life Insurer.

