



COMPANY APPLICATION FORM

COMPANY DETAILS

Please complete this form in black ink and CAPITAL letters

Registered Name:

Trading Name:

Registration No.: Contact Person:

Contact Details: Home No.: Work No.:

Fax No.: Cell No.:

Postal Address:

Code:

Residential Address:

Code:

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

Email address of contact person for billing:

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:

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, or permanently.
- 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.
- 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.

INTERMEDIARY DETAILS

Intermediary Group: Intermediary Code:

Sales Person: Sales Code:

Tel no.: Cell no.:

