

GROUP RISK COVER POLICY APPLICATION

INSTRUCTIONS:	
Group Risk Cover as per accepted quote reference number: Commencement date of participation DD MM YYYYY	
YOUR CHECKLIST	
Group Risk Policy application form (fully completed, initialed and signed) (if applicable)	YN
Fedgroup quotation (duly signed)	YN
FICA documentation requirements:	
Company's proof of address – not older than 3 months.	YN
Company's registration document (CIPC)	YN
 Organogram indicating shareholding structure and register of shareholders or share certificates in order to identify the ultimate beneficial owner(s) and confirmation of nature of business 	YN
• Proof of banking details - Not older than 3 months (if debit order is applicable).	YN
ID copy for each of the individual/s as completed on the application form on sections:	
• 1B, 1C and 1D for both primary and back-up signatories.	YN
Previous Acceptance Covers from the previous insurer (if applicable).	YN
Membership data in an excel file	YN
Replacement record of advice (if applicable)	YN
Member communication	YN
1A. EMPLOYER DETAILS	
Registered name of employer/Legal entity	
Type of entity Name of beneficial owner*	
*Beneficial owner means a natural person/individual who, inder collectively, with another person, directly or indirectly, owns the or exercises effective control over the legal person.	
Physical address Postal address	

Code

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Code



	PERSON DETA	IIL3							
Title	Initials	Surname							
Full name/s									
ID/Passport numb	er			Contact n	number				
Designation									
Email									
									_
1C. AUTHORISI	ED SIGNATOR	Y							
Authorised signatories on behalf of the employ		ne employer has app	pointed accord	ing to the atta	ched resolut	ion to sign t	he specifie	ed forms b	elow
1D. PRIMARY S	SIGNATORY DI	TAILS							
Title	Initials	Surname							
Full name/s									
ID number (passp	ort number if for	reign national)	Conta	act number					
ID number (passp	ort number if for	reign national)	Conta	act number					
ID number (passpi	ort number if for	reign national)	Conta	act number					
	ort number if for	reign national)	Conta	act number					
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Full name/s															_	_		
ID number (pass	port numk	per if for	eign natio	onal)	С	ontac	t num	ber										
Email																		
Capacity																		
Signature of sec	ondary sig	natory					Date											
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2. TAKEOVER	OF EXIS	STING II	NSURAN	ICE CC	VER													
Is there currently	a group r	isk polic	y in place	e?														
If yes, please pro			ccepted	cover v	vith te	rms ar	nd cor	nditio	ns, as	we	ll as	сор	ies	of th	ne			
medical accepta	nce letters	5.																
Please provide th	ne name o	f the cur	rent insu	rer														
Contact person						(Conta	ct nu	mber									
Are there members	ers in rece	ipt of di	sability in	come h	enefit	5?	V											
Are there members	ers in rece	ipt of dis	sability in	icome k	penefit	s?	Y	I										
Are there members of yes, please pro						s?	Y											
						s? [Y											

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3. PAYMENT DETAILS
All payments should be made payable to: Fedgroup Life Limited
Please select payment method:
EFT
Unfortunately, we're not allowed to publish our banking details on public forums, but we'll send the relevant details to you once we've got your Group Risk Policy application.
Please note that your product number must be quoted as the reference number for all payments.
If a direct deposit is made without an accompanying application form, ID and verification documents, we are obliged to report the transaction to the FIC within 48 hours.
Debit order
Name of accountholder
Name of bank Account number
Account type
Source of funds
4. FINANCIAL ADVISOR'S DETAILS
Financial advisor's code
Financial advisor's surname Initials
Financial advisor assistant dealing with this transaction
Who should we communicate with? *Please select who should receive policy statements and other communications.
EMPLOYER CONTACT PERSON FINANCIAL ADVISOR BOTH
If no option is selected, your transaction confirmations will be sent to your financial advisor.
Certain regulatory communication will be sent directly to the employer.

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5. FINANCIAL ADVISOR INSTRUCTION DECLARATION

I acknowledge that all the information provided is accurate and that I have reviewed the important information referred to under terms and conditions below.

Financial advisor signature	Date
	DD MM YYYY
6. DECLARATION BY EMPLOYER:	
I,	
acting on behalf of	hereby nominate and appoint
	as duly authorised to action/issue instructions relating to this
Group Risk Cover policy.	
I acknowledge that all the information provided referred to under terms and conditions below.	d is accurate and that I have reviewed the important information
Policyholder's signature	Date
	DD MM YYYY

7. LEGAL STUFF

Dotting your i's and crossing your t's. We have gathered all the important elements relating to our products here. To make it easy for you to familiarise yourself with this information, we have provided a summary of this below.

For the full version of our Legal Stuff, please visit www.fedgroup.co.za/Legal-Stuff or scan the QR code below.



DECLARATION

In the financial services space, we need confirmation of the information you have provided and the information provided to you. This section houses all the relevant declarations.

POPIA

Ever wondered what happens to your information after you have provided it, or why you have to provide certain types of information? In this section we explain what we do with your data and outline how it is used by all the companies within our broader group. Fedgroup and its activities fall under the provisions of the Protection Of Personal Information Act.

FICA

We need to make sure that you are who you say you are, just like those websites that ask you to identify all the images with stop signs in them. Only, this is a pretty serious security matter driven by the Financial Intelligence Centre Act. While it can be time consuming, we've made it super simple via the Fedgroup App!

TERMS AND CONDITIONS

Ts and Cs are the norm with most providers. In order to help you understand exactly what our offering is and how we deliver it, we've put together comprehensive terms and conditions to ensure that our stakeholders are not prejudiced by individuals looking to manipulate any unforeseen loopholes.

DEBIT ORDER MANDATE

We never take anything without permission. This even applies when you tell us to collect funds from your account. The debit order mandate ensures that we have the necessary permission to do so.

BANKING DETAILS

Unfortunately, we're not allowed to publish our banking details on public forums, but we'll send the relevant details to you once we've got your investment application.

GROUP RISK/POLICY APPLICATION/GRO0018/ AUGUST 2023_V1.6