

GROUP RISK COVER POLICY APPLICATION

INSTRUCTIONS:

Group Risk Cover as per accepted quote reference number:

Commencement date of participation

YOUR CHECKLIST

Group Risk Policy application form (fully completed, initialed and signed) (if applicable) Y N

Fedgroup quotation (duly signed) Y N

FICA documentation requirements:

- Company's proof of address - not older than 3 months. Y N
- Company's registration document (CIPC) Y N
- 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 Y N
- Proof of banking details - Not older than 3 months (if debit order is applicable). Y N

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. Y N

Previous Acceptance Covers from the previous insurer (if applicable). Y N

Membership data in an excel file Y N

Replacement record of advice (if applicable) Y N

Member communication Y N

1A. EMPLOYER DETAILS

Registered name of employer/Legal entity

Type of entity

Company registration number

Physical address

Code

Name of beneficial owner*

*Beneficial owner means a natural person/individual who, independently or collectively, with another person, directly or indirectly, owns the legal person or exercises effective control over the legal person.

Postal address

Code

Initial

1B. CONTACT PERSON DETAILS

Title	Initials	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Full name/s		
<input type="text"/>		
ID/Passport number	Contact number	
<input type="text"/>	<input type="text"/>	
Designation		
<input type="text"/>		
Email		
<input type="text"/>		

1C. AUTHORISED SIGNATORY

Authorised signatories are individuals that the employer has appointed according to the attached resolution to sign the specified forms below on behalf of the employer.

1D. PRIMARY SIGNATORY DETAILS

Title	Initials	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Full name/s		
<input type="text"/>		
ID number (passport number if foreign national)	Contact number	
<input type="text"/>	<input type="text"/>	
Email		
<input type="text"/>		
Capacity		
<input type="text"/>		

Signature of primary signatory

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Initial

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.

Initial

