



GAP COVER SERIES AMENDMENT OF CLIENT INFO

Underwritten by Constantia Insurance Company Limited (CICL), Reg. No. 1952/001514/06, FSP No: 31111 (The Insurer)

- THIS IS NOT A MEDICAL SCHEME AND THE COVER IS NOT THE SAME AS THAT OF A MEDICAL SCHEME.
- THIS POLICY IS NOT A SUBSTITUTE FOR MEDICAL SCHEME MEMBERSHIP.
- THE MASTER POLICY ISSUED IS THE SOURCE OF ALL BENEFITS, RIGHTS, AND OBLIGATIONS AND EXCLUSIONS. TO DETERMINE YOUR INDIVIDUAL NEEDS, WE SUGGEST THAT YOU CONTACT YOUR BROKER AND REQUEST ADVICE FROM HIM / HER.

BROKER DETAILS

BROKER / CONSULTANT NAME											
NAME OF BROKERAGE											
FSP NUMBER						BROKER CODE					
BROKER CONTACT NUMBER			AREA CODE						VAT NUMBER		
BROKER E-MAIL ADDRESS						UNIQUE IDENTIFIER (IF NECESSARY)					

PERSONAL PARTICULARS

APPLICANT

TITLE		SURNAME						FIRST NAMES	
ID NUMBER									

EMPLOYER

NAME OF EMPLOYER						DATE EMPLOYED		D	D	M	M	Y	Y	Y	Y
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MEDICAL SCHEME

NAME OF MEDICAL SCHEME						PLAN OPTION					
DATE JOINED		D	D	M	M	Y	Y	Y	Y	MEDICAL SCHEME NUMBER	

DEPENDANTS

FIRST NAME (AND SURNAME IF DIFFERENT)	RELATIONSHIP	I.D. NUMBER													

CONTACT DETAILS

POSTAL ADDRESS						PHYSICAL ADDRESS (IF DIFFERENT TO POSTAL)									
POSTAL CODE						POSTAL CODE									
HOME NUMBER	AREA CODE					WORK NUMBER	AREA CODE								
CELL NUMBER	AREA CODE					E-MAIL									

DECLARATION

I declare that the above information is true and correct and should replace the current information on my membership record.

SIGNATURE OF APPLICANT	PRINTED NAME OF APPLICANT	DATE	D	D	M	M	Y	Y	Y	Y
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Please return to your broker or alternatively: Ambledown Financial Services (Pty) Ltd
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E-mail Address: admin@ambledown.co.za

