ambledown
FINANCIAL SERVICES (PTY) LTD
Ambledown is an Authorised Financial Services Provider, No. 10287

CONSTANTIA
Insurance made personal
Constantia Insurance Company Limited, an authorised FSP 31111

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	
ID OR PASSPORT NUMBER		FIRST NAMES	
DATE OF BIRTH	D D M M Y Y Y Y		
POLICY NUMBER			

EMPLOYER

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

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	ID OR PASSPORT NUMBER	DATE OF BIRTH
			D D M M Y Y Y Y
			D D M M Y Y Y Y
			D D M M Y Y Y Y
			D D M M Y Y Y Y
			D D M M Y Y Y Y

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 POLICY HOLDER | PRINTED NAME OF POLICY HOLDER | DATE D D M M Y Y Y Y

Please return to your broker or alternatively:

Ambledown Financial Services (Pty) Ltd
PO Box 1862, Cramerview, 2060
Tel Number 0861 262533, Fax Number 011 463 1600
E-mail Address: admin@ambledown.co.za

Broker Details: [Brokerage Company Name],
FSP number: [xxxxxxxxxxx]
[Telephone number], [Mobile number], [Website address]