

# 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 email address						Unique identifier (if necessary)					

### Personal particulars

#### Applicant

Title			Surname									First names		
ID / passport number														
Date of birth	D	D	M	M	Y	Y	Y	Y						
Country of residence														
Country of nationality														
Face to face	Yes		No		Policy number									

#### Employer

Name of employer						Date employed	D	D	M	M	Y	Y	Y	Y
Occupation						Industry								

#### Medical scheme

Name of medical scheme						Plan option								
Date joined	D	D	M	M	Y	Y	Y	Y						
						Medical scheme number								

#### Dependants to see who qualifies as a dependant see declaration c)

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
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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