



Ambledown is an Authorised Financial Services Provider, No. 10287



ABSA Gap Cover Series Amendment of client info

Underwritten by Absa Insurance Company Limited (AIC) FSP No: 8030; Registration number: 1992/001373/06

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

***** Compulsory field for CASA screening

Broker / consultant name: _____

Name of brokerage: _____

FSP number: _____

Broker code: _____

Broker contact number: Area code

VAT number: _____

Broker email address: _____

Unique identifier (if necessary): _____

***** CASA number: _____

***** Risk rating: Unknown: Very Low: Low: Medium: High: Very High:



Personal details

***** Compulsory field for CASA screening

Applicant

Title: _____

Surname: _____

***** ID / passport number:

First names: _____

Date of birth: D D M M Y Y Y Y

Country of residence: _____

Country of nationality: _____

Country of origin of passport: _____

Face to face: Yes: No:

Do you have an existing gap cover policy?: Yes: No:

If you have an existing gap cover policy - provide a membership certificate including period of cover and insured persons.

Employer

***** Compulsory field for CASA screening

Name of employer: _____

Date employed: D D M M Y Y Y Y

***** Occupation: _____

Industry: _____

***** Source of funds: _____

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



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
---	---	---	---	---	---	---	---



Protection of Privacy

Privacy Notice

How we treat your personal information

We collect and process your personal information to enable us to provide you with products and services, amongst other things, and we may share it with:

- the Absa Group, its service providers and other third parties to comply with our regulatory obligations;
- any party to whom we assign our rights under this agreement or any of our agreements for products and services
- credit bureaus where credit products are applied for by you.

All the personal information we share is subject to our privacy and security requirements and we are responsible for ensuring that your personal information is processed lawfully and in a reasonable manner that does not infringe your privacy rights. We may make automated decisions based on your personal information and should you be unhappy with the outcome, please feel free to contact us. We will notify you if we intend using your personal data for other purposes.

We will keep your personal information only for as long as the law requires us to. After this time, we will securely destroy or de-identify this information.

You have the right to ask us for access to your personal information and to instruct us to amend and/or delete any personal information or to object to us processing your personal information. You can also let us know if you want us to stop or to limit how we use your personal information.

If you do not agree with how we use your personal information, please lodge a complaint at actionline@absa.co.za

Please read this application form in conjunction with our detailed Privacy Statement which you can access on absa.co.za.

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

DATE

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---



Ambledown is an Authorised Financial Services Provider, No. 10287
 PO Box 1862, Cramerview, 2060, Tel Number 0861 262533, Fax Number 011 463 1600
 Website www.ambledown.co.za



Underwritten by Absa Insurance Company Limited (AIC) FSP No: 8030;
 Registration number: 1992/001373/06