



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

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VAT number: _____

Broker email address: _____

Unique identifier (if necessary): _____

Personal details

Applicant *FICA requirements

Title: _____ Surname: _____

ID/passport number:

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

 * First names: _____

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:

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Occupation: _____

Industry: _____

Medical scheme

Name of medical scheme: _____

Plan option: _____

Date joined:

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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									
			<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>		D	D	M	M	Y	Y	Y	Y
	D	D	M	M	Y	Y	Y	Y				
			<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>		D	D	M	M	Y	Y	Y	Y
	D	D	M	M	Y	Y	Y	Y				
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	D	D	M	M	Y	Y	Y	Y				
			<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>		D	D	M	M	Y	Y	Y	Y
	D	D	M	M	Y	Y	Y	Y				
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	D	D	M	M	Y	Y	Y	Y				

Contact details *FICA requirements

Postal address _____

* Physical address (if different to postal) _____

Postal code:

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Postal code:

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

Home number: Area code

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

Work number: Area code

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* Cell number: Area code

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* 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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Use of Personal Information Declaration

I hereby consent to Ambledown processing my personal information, including but not limited to, the administrative functions listed below.

- Processing of this form;
- Processing of future instructions submitted;
- Communications with me in relation to any matters in relation to my policy.

I consent to Ambledown disclosing and transferring my personal information to any contracted 3rd party for the purposes of collecting premiums, claim assessments and statutory reporting in connection with this contract.

I acknowledge I have the right to –

- object to the processing of my personal information on reasonable grounds unless legislation allows for such processing, in the manner prescribed by the POPI Act;
- lodge a complaint with the Information Regulator;
- request from Ambledown details of any of my personal information Ambledown holds on my behalf and details of how my personal information has been processed.

Ambledown will use its best endeavors to ensure your personal information is reliable, however it remains your responsibility to advise Ambledown of any changes to your personal information in a timely manner. The information supplied to Ambledown must be complete, correct and up to date.

I understand why my personal information is required and the purpose it will be used and I, hereby, give Ambledown consent to process my personal information as provided above.

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, PO Box 1862, Cramerview, 2060

Tel Number 0861 262533, Fax Number 011 463 1600, E-mail Address: premium@ambledown.co.za

