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

ORIGIN

GUARDRISK TAILORED RISK SOLUTIONS
Guardrisk Insurance Company Limited,
a licensed non-life Insurer and an authorised financial services provider (No.75)

ORIGIN GAP COVER SERIES

Amendment of Client Information

Broker Details

Broker / consultant name:
Name of brokerage:
FSP number: Broker code:
Broker contact number: VAT number:
Broker email address: Unique identifier *(if necessary)*:

Personal Details

* *FICA Requirements*

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:
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

* *FICA Requirements*

Postal address

Postal code:

* Physical address *(if different to postal)*

Postal code:

Home number:

Work number:

* Cell number:

* Email:

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

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 this application;
- 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

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

Brokerage:

Tel number:

FSP number:

Email address:

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