

APPLICATION FOR THE YAMBU BUSINESS CARE POLICY

Employer Details (ONLY required if the Employer will be the Applicant. If not completed, it will be accepted that the employee/insured life will also be the Applicant)

Company name:

Company registration number:

Physical address:

Postal code:

Office number:

Contact number of company representative:

Email address:

Banking Details of Premium Payer (This can be the employer or the employee or any other party who has agreed to the payment of the policy premiums)

Premium payer: Employer Employee

Account holder's name:

Account holders ID:

Bank name:

Account number:

Type of account: Cheque Savings Transmission

Branch code:

First deduction date: dd/mm/yyyy

Preferred deduction day: dd

Payment method: Debit order

Employees Details (The person who will be insured)

Surname:

First name/s:

Title: Mr/ Mrs/ Ms/ Dr/ Prof / Other _____

ID number:

Date of birth:

Nationality:

Gender:

Language:

Email address:

Cell number:

Alternative number:

New Adventure Insurance Brokers (Pty) Ltd t/a YAMBU

Directors: Q van Rooyen, FJ Abrahams, A Brand and MJ Matthee.

Tel: 0860 88 88 37 | Fax: 086 552 0491 | Email: info@yambu.co.za | Website: www.yambu.co.za
Tuscany Office Park, Block 9, First Floor, 6 Coombe Place, Rivonia, 2128 | PO Box 6984, Johannesburg, 2000
Registration Number: 2000/023619/07) t/a Yambu (FSP number 34750), a registered financial services provider
& underwritten by Constantia Life and Health Assurance Company Limited

Physical address:	
	Postal code:
Postal address if different to physical:	
	Postal code:

Beneficiary Details (if more than one beneficiary is nominated, provide all beneficiaries' detail)

Surname:	First name/s:	ID Number/Date of Birth:	Relationship:	Benefit %: <small>(total not to exceed 100%)</small>

Product Selection (Only one option can be exercised)

<input type="checkbox"/>	Basic Plan - R149 (R 25 000 cover)
<input type="checkbox"/>	Standard Plan – R199 (R 50 000 cover)
<input type="checkbox"/>	Premium Plan – R249 (R 75 000 cover)
<input type="checkbox"/>	Comprehensive plan – R299 (R 100 000 cover)

I hereby certify that the particulars given above are true and correct and understand that the application is subjected to standard terms and conditions as amended from time to time.	
_____ Signature of Applicant: <small>(not required for electronic submission)</small>	_____ Date:

Kindly note that if the policy will serve as collateral security to the employer of the life insured (if the life insured is also the policy owner), the policy may be ceded provided that we are notified in writing of the collateral cession on completion and submission of the terms of the cession. A cession form can be obtained from us free of charge for this purpose.