

APPLICATION FOR THE YAMBU DOMESTIC CARE POLICY

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

Surname:

First name/s:

Title: Mr/ Mrs/ Ms/Dr/Prof

ID Number:

Nationality:

Marital Status:

Gender:

Language:

Physical Address:

Cellular Number:

Home Number:

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)

Account holder's name:

Bank name:

Account number:

Type of account:

Branch code:

Preferred deduction date:

Payment method: Debit Order R149 per month

Employees Details (The person who will be insured)

Surname:

First name/s:

Title: Mr/ Mrs/ Ms

ID/Passport Number:

Date of Birth:

Marital Status:

Nationality:

Language:

Gender:

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

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

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

Cell Number:	Home Number:
Employee start date:	Average Total Remuneration per Annum:
Total Average Hours Worked Per Month:	
Physical Address:	

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>(not to exceed 100%)</small>

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: _____
(not required for electronic submission) Date: