

Referral Agent:	3722	Capturer:	
Sub Agent:		Ref no:	

0860 88 88 37

www.yambu.co.za

Time to call: 09:00-12:00
 13:00-16:00
 17:00-19:00

YAMBU LEGACY POLICY APPLICATION FORM

A) Applicant Details

Who is the policy for?	Myself <input type="checkbox"/> (Fill out from section B)	Someone else <input type="checkbox"/> (Fill out from section A)
Name and Surname:		
ID number:		
Cell number:		
What is your relationship with the life insured?	Mother <input type="checkbox"/> Father <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____	

B) Details of Insured

First name/s:			
Surname:			Title: Mr/ Mrs/ Ms/Dr/Prof
Postal address:			Postal code:
Cell number:		ID number:	
Other number:		Employer:	
Work number:		Date of birth:	<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
Email address:			
Nationality: RSA <input type="checkbox"/> Other _____	Marital status: Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>		
Language:	Preferred correspondence: Whatsapp <input type="checkbox"/> SMS <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Other _____		

C) Banking Details of the person who will pay the policy premiums

Payment method?	Debit order <input type="checkbox"/> Other <input type="checkbox"/>		
Account holder's name:	Account holders cell number:		
Account holder's ID number:			
Account holder's postal address:			Postal code:
Bank name:	Account number:		
Type of account: Savings <input type="checkbox"/> Cheque <input type="checkbox"/> Transmission <input type="checkbox"/>	Branch code:		
First deduction date: <input type="text"/> D <input type="text"/> D - <input type="text"/> M <input type="text"/> M	Salary date: <input type="text"/> D <input type="text"/> D		

I hereby certify that the particulars given above are true and correct and understand that the application is subject to standard terms and conditions that will apply as amended from time to time.

Premium Payer Signature:	Date: <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
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D) I hereby nominate the following beneficiary for the purpose of the Death Benefit that may be claimed on the DEATH OF MAIN MEMBER

Name:	Cell number:
Surname:	ID number/DOB:
Relationship: Mother <input type="checkbox"/> Father <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____	

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

Tuscany Office Park, Block 9, First Floor, 6 Coombe Place, Rivonia, 2128 | PO Box 6984, Johannesburg, 2000

Tel: +27 11 644 6622 | Fax: +27 086 552 0491 | Email: info@yambu.co.za | Website: www.yambu.co.za

Registration Number: 2000/023619/07 | Vat Number: 4590248706

An authorised financial services provider - FSP 34750

New Adventure Insurance Brokers (Pty) Ltd t/a Yambu is a registered financial services provider & underwritten by Guardrisk Insurance Company Limited

E) Product Selection (Only one option can be exercised)

Individual Cover		Family Cover	
<input type="checkbox"/>	Basic Plan – R9.99 (R 20 000 cover)	<input type="checkbox"/>	Family Basic Plan – R24.99 (R 20 000 cover)
<input type="checkbox"/>	Standard Plan – R14.99 (R 30 000 cover)	<input type="checkbox"/>	Family Standard Plan – R29.99 (R 30 000 cover)
<input type="checkbox"/>	Premium Plan – R19.99 (R 40 000 cover)	<input type="checkbox"/>	Family Premium Plan – R34.99 (R 40 000 cover)
<input type="checkbox"/>	Comprehensive plan – R24.99 (R 50 000 cover)	<input type="checkbox"/>	Family Comprehensive plan – R39.99 (R 50 000 cover)

F) Particulars of Insured Dependants (Only complete if Family cover is selected): (Kindly note that only direct biological and legally adopted children will be covered, up until the age of 18, or under the age of 25 and a full time student at an Educational Institution. By law we may not provide policy benefits of more than R20 000 to an unborn, or of a minor dependent before he or she attains the age of six years, or more than R50 000 if the minor is older than 6 years but not 14 years yet.)

Spouse's Name & Surname:	ID/DOB:	Cell number:
Child 1 Name & Surname:	ID/DOB:	Cell number:
Child 2 Name & Surname:	ID/DOB:	Cell number:
Child 3 Name & Surname:	ID/DOB:	Cell number:
Child 4 Name & Surname:	ID/DOB:	Cell number:
Child 5 Name & Surname:	ID/DOB:	Cell number:

G) Package Selection (Only one option can be exercised)

<input type="checkbox"/>	Package 1 (R5,000.00)	<input type="checkbox"/>	Package 5 (R25,000.00)
<input type="checkbox"/>	Package 2 (R8,500.00)	<input type="checkbox"/>	Package 6 (R32,500.00)
<input type="checkbox"/>	Package 3 (R12,000.00)	<input type="checkbox"/>	Cash Benefit Only
<input type="checkbox"/>	Package 4 (R18,500.00)		

H) Accessories Colour Selection

<input type="checkbox"/>	Realistic (Life like - Portrait Bust Only)	<input type="checkbox"/>	Ivory
<input type="checkbox"/>	Winter Grey	<input type="checkbox"/>	Midnight Black

I) Headstone or Full length Base Inscription

J) I hereby certify that the particulars given above are true and correct and understand that the application is subject to standard terms and conditions that will apply as amended from time to time.

Applicant Signature:	Date: <input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
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An authorised financial services provider – FSP 34750

New Adventure Insurance Brokers (Pty) Ltd t/a Yambu is a registered financial services provider & underwritten by Guardrisk Insurance Company Limited

Disclosure Notice in terms of the Financial Advisory and Intermediary Services (FAIS) General Code of Conduct 2003

Your Intermediary

Business Name : New Adventure Insurance Brokers (Pty) Ltd t/a Yambu
 Registration number : 2000/023619/07
 Physical address : Tuscany Office Park, Block 9, 6 Coombe Place, Rivonia, 2128
 Postal address : PO Box 6984, Johannesburg, 2000
 Telephone : 0860 88 88 37
 Website : www.yambu.co.za
 FAIS registration (FSP No) : 34750

In terms of the FSP license, New Adventure Insurance Brokers (Pty) Ltd t/a Yambu is authorised to give Intermediary Services and/or Advice for products under:

CATEGORY I:

Short-term Insurance: Personal Lines
 Short-term Insurance: Commercial Lines

Without in any way limiting and subject to the other provisions of the Services Agreement/Mandate, Yambu accepts responsibility for the lawful actions of their representatives (as defined in the Financial Advisory and Intermediary Service Act) in rendering financial services within the course and scope of their employment. Some representatives may be rendering services under supervision and will inform you accordingly.

NAIB (Pty) Ltd t/a Yambu has a binder agreement with the Insurer

NAIB (Pty) Ltd t/a Yambu has Professional Indemnity Cover and Fidelity Guarantee Cover in place.

Complaints contact details : 0860 88 88 37
 : complaints@yambu.co.za

 Compliance Officer : Askari Compliance Services
 Contact person : Warren Neale
 Email : warren@askaricompliance.com

 Conflict of Interest Policy : You can access our Conflict of Interest
 Management Policy at: www.yambu.co.za

Your Insurer

Business Name : Guardrisk Insurance Company Limited
 Registration number : 1992/001639/06
 Physical address : 3rd Floor, 102 Rivonia Road, Sandown, Sandton 2196
 Postal address : PO Box 786015, Sandton, 2146
 Switchboard telephone : +27-11-669-1000
 General email enquiries : info@guardrisk.co.za
 Website : www.guardrisk.co.za
 FAIS registration : FSP 75

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In terms of the FSP license, Guardrisk Insurance Company Limited is authorised to give advice and render financial services for products under:

CATEGORY I:

- Short-term Insurance: Personal Lines
- Short-term Insurance: Commercial Lines
- Short-term Insurance: Personal Lines A1

Guardrisk has Professional Indemnity Cover and Fidelity Guarantee Cover in place.

Your Intermediary and/or Underwriting Manager noted above should always be your first point of contact in the event that you have a query or complaint. Guardrisk is a Cell captive insurance company, we partner with other financial service providers to provide our customers with different insurance and risk solutions to suit their specific needs.

If you are dissatisfied with the feedback received from your Intermediary and/or your underwriting manager, or your complaint remains unresolved, feel free to contact the **Guardrisk Complaints Department:**

Telephone: 0860 333 361
 Email: complaints@guardrisk.co.za

Guardrisk Compliance Details

Telephone: +27-11-669-1104
 Fax Number: +27-11-675-3826
 Email: compliance@guardrisk.co.za

Guardrisk Insurance Company Limited has a conflict of interest management policy in place and is available to clients on the website: www.guardrisk.co.za

Particulars of the Short Term Ombudsman

(For claims/service related matters)

Postal address: PO Box 32334, Braamfontein, 2017
 Telephone: +27-11- 726- 8900
 Fax number: +27-11- 726- 5501
 Email: info@osti.co.za

Particulars of the Registrar of Short Term Insurance

(For market conduct matters)

Postal address: PO Box 35655, Menlo Park, 0102
 Telephone: +27-12- 428-8000
 Fax number: +27- 12- 347- 0221
 Email: info@fsca.co.za

Particulars of FAIS Ombudsman

(For advice/policy related matters)

Postal Address: PO Box 74571, Lynnwood Ridge, 0040
 Telephone: +27- 12- 470- 9080
 Fax number: +27- 12- 348- 3447
 Email: info@faisombud.co.za

I hereby agree to the content of this document.										
Name & Surname:									Signature:	
Date:	D	D	-	M	M	-	Y	Y	Y	Y

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