



TRUSTS POLICY PROPOSAL & DECLARATION

YOUR TRUST COMPANY DETAILS

Trust Company Name			
Trust Company Registration No			
Business Description			
VAT / Tax Reference No			
Postal Address			Code
Contact Details	(w)	(h)	(c)
E-mail Address			
Name of Your Accountant / Auditor			Tel
Name of Your Insurance Broker			Tel

PRODUCT OPTION SELECTION

Please select your Product Option and Premium Payment Method by checking the correct tick-box.

Product Option Selected	<input type="checkbox"/> Trading Trust <input type="checkbox"/> Passive Holding Trust	Premium Payment Method	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly
Policy Inception Date	/ / 20		
Premium Payable	R including Broker Commission of R		

DEBIT ORDER AUTHORITY

for Monthly Premium Payment option

Name of Bank			
Branch	Branch Code		
Account Number	Type of account		
Account Holder's name			

I hereby authorise the Insurer to draw against the above account the amount necessary for the payment of the monthly premiums and adjustment premiums due to the Insurers in respect of the insurance herein proposed. I agree that in the event of any debit order not being met by my financial institution the Policy will be cancelled and of no effect from midnight on the last day of that month for which the Insurer has received premium, subject to the period of grace as required by the Policy.

DECLARATION

I hereby warrant that all the statements included on all the pages of this Proposal From are true, correct and complete and contain all information known to me which may affect the risk to be insured under this Policy, and that this and any other written statement made by me or on my behalf for the purpose of the proposed insurance shall be the basis of, and incorporated in the contract between myself and the Insurer.

I agree to accept the insurance on the terms and conditions set forth in the Policy wording, Schedule and any endorsements as applicable. I acknowledge that the sharing of information for underwriting and claims purposes (including credit information) is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to reducing premiums. On my own behalf and on behalf of any person I represent herein, I hereby waive my right to privacy with regard to underwriting and claims information (including credit information) that I provide or that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me.

I have received the Statutory Disclosure document and I have elected free choice in completing this Proposal for Insurance.

Signature of Proposer		Date	
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YOUR DISCLOSURE

This Policy is dependent upon true, correct and complete information being provided to us by you. All material information, whether asked for or not must be disclosed. You may use separate pages for elaboration if required.

	Yes	No
Have you or your trust, during the past 3 years submitted any tax return after the filing deadline without receiving an extension in writing from SARS?		
Have you or your trust, during the past 3 years been exposed to a SARS Tax Audit into your tax returns?		
Are all your taxes currently up-to-date and submitted?		
Are you currently up-to-date on all your VAT and PAYE payments?		
Have you or your trust previously applied for tax amnesty from SARS?		
Have you or your trust ever been sequestrated or liquidated?		
Are you or your trust currently undergoing any investigation by SARS?		
Do you or your trust have any overdue outstanding debt with SARS?		
Have you recently applied for a tax clearance certificate which has not been granted by SARS?		
Do you know of any current reason or circumstance which could give rise to a claim under this Policy?		
If you have answered any of these questions in the negative, please elaborate:		

PREMIUM RATES (inclusive of VAT)

TRADING TRUSTS				PASSIVE HOLDING TRUSTS				
A trust that actively carries on business or trading, or is used in the conduct of business.				A trust under which property held by a trustee is used for passive investment.				
<i>Your annual turnover last year</i>	Select	Monthly	Select	Annual	Select	Monthly	Select	Annual
Less than R 3,000,000	<input type="checkbox"/>	R179	<input type="checkbox"/>	R2 148	<input type="checkbox"/>	R249	<input type="checkbox"/>	R2 988
R3,000,000 to R10,000,000	<input type="checkbox"/>	R249	<input type="checkbox"/>	R2 988				
R10,000,000 to R25,000,000	<input type="checkbox"/>	R399	<input type="checkbox"/>	R4 788				
R25,000,000 to R50,000,000	<input type="checkbox"/>	R575	<input type="checkbox"/>	R6 900				
R50,000,000 to R100,000,000	<input type="checkbox"/>	R999	<input type="checkbox"/>	R11 988				

INDEMNITY LIMITS

The following is a summary of the Indemnity Limits of the Policy. The Indemnity Limit for the product category selected is equal to the Annual Rand Limit or the Annual Hours Limit, whichever is the lesser.

TRADING TRUSTS			PASSIVE HOLDING TRUSTS		
<i>Your annual turnover last year</i>	Annual Rand Limit	Annual Hours Limit	Annual Rand Limit	Annual Hours Limit	
Less than R 3,000,000	R250,000	or 50 hours	R250,000	or 100 hours	
R3,000,000 to R10,000,000	R250,000	or 100 hours			
R10,000,000 to R25,000,000	R250,000	or 150 hours			
R25,000,000 to R50,000,000	R250,000	or 150 hours			
R50,000,000 to R100,000,000	R250,000	or 150 hours			
	Limited to 50 hours per Any One Claim		Limited to 50 hours per Any One Claim		