

UNDERWRITTEN & ADMINISTERED BY CIB (PTY) LTD & GUARDRISK INSURANCE COMPANY LIMITED

SPECIAL NOTICE

This insurance policy is based on the statements below, made by the proposer or by his/her broker. Any misrepresentations or non-disclosure may repudiate any liability of a claim made against the Insurer. If you are in doubt of any question, please supply further information under the remarks section, otherwise it will be taken that you fully understand all the details on this proposal and have completed and understand all questions asked. The proposer must initial the bottom of all pages on this proposal. This contract will not be valid if any of the pages are not initialled by the Insured. Any incomplete proposals will not be accepted by CIB.

Broker

PERSONAL DETAILS

Title	Full names
-------	------------

Surname

ID No.	Marital Status
--------	----------------

Tel No. (W)	Fax No.
-------------	---------

(H)	Email
-----	-------

(C)	Preferred Communication Method
-----	--------------------------------

Postal Address	Risk Address (where goods are kept at night)
Code	Code

Are you a South African citizen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
----------------------------------	------------------------------	-----------------------------

If NO, which country are you a citizen of?
--

Occupation	Nature of Business or Industry
------------	--------------------------------

COMMENCEMENT DATE OF POLICY

GENERAL

Have you as the Insured; or your spouse, or any person that may be living with you, or any other person that may at any time drive any of the vehicles stated in this policy in any capacity:

a) Been declared insolvent	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b) Had any judgements, sequestration or financial administration orders made against YOU/any person mentioned on this policy	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c) Are there any pending judgements, sequestration or financial administration orders made against You/any person mentioned in this policy	<input type="checkbox"/> YES	<input type="checkbox"/> NO

INITIAL

c) Are there any pending judgements, sequestration or financial administration orders made against You/any person mentioned in this policy	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d) Have a criminal record	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e) Are there any pending criminal investigations against You/any person mentioned on this policy	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f) Have a physical defect i.e. vision, hearing, epilepsy etc?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g) Has any insurance company ever cancelled or applied any special conditions to a policy of yours or your spouse / any person mentioned on this policy	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, to any of the above, please provide further details		

DOMESTIC BUILDINGS SECTION

Sum insured R:			
Type of Residence	<input type="checkbox"/> House	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Cluster
	<input type="checkbox"/> Flat - Ground Floor	<input type="checkbox"/> Flat - Above Ground	<input type="checkbox"/> Estate
	<input type="checkbox"/> Other		
If OTHER, please specify			
Construction	Roof- e.g. Tile	Walls - e.g. Brick	

If THATCH (including thatch lapa), please note that the thatch application has to accompany this proposal

Physical address	
Code	

Do you currently have insurance on your buildings?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Current/previous insurer and policy no.		
Bondholder		
Do you require extended subsidence and landslip cover? <small>(If YES, separate questionnaire to be completed)</small>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you require White Goods cover?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Sum insured	R	
Do you require Matching Building Material cover?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Sum insured	<input type="checkbox"/> R50 000	<input type="checkbox"/> R100 000
Do you require Power Surge cover?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> R10 000	<input type="checkbox"/> R20 000	<input type="checkbox"/> R30 000
<input type="checkbox"/> R40 000	<input type="checkbox"/> R50 000	<input type="checkbox"/> R100 000
<input type="checkbox"/> R250 000		

INITIAL

Is the residence occupied during working hours?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please provide further details				
Is the residence occupied by anyone other than the insured or insured's family?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please provide further details				
Will the residence be unoccupied for 4 consecutive days in the next 60 days?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please provide further details				
Will the residence be unoccupied for more than 60 days a year?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please provide further details				
Is the residence in an established built-up area?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are there any new building developments nearby?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is the residence on a small holding, farm or plot?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please provide further details				
Is the residence next to a vacant piece of land?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is the residence currently vacant?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please provide further details				
Is the residence being lent, let or sublet?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please provide further details				

Please provide any details of any claims or losses suffered by you during the past five years, whether insured or not.

DATE	DESCRIPTION	AMOUNT	SETTLED

HOUSEHOLD CONTENTS SECTION

Sum insured R:

Risk Address Code

Type of Residence	<input type="checkbox"/>	House	<input type="checkbox"/>	Townhouse	<input type="checkbox"/>	Cluster
	<input type="checkbox"/>	Flat - Ground Floor	<input type="checkbox"/>	Flat - Above Ground	<input type="checkbox"/>	Estate
	<input type="checkbox"/>	Holiday Home	<input type="checkbox"/>	Other		

INITIAL

If OTHER, please specify

If the residence is a holiday home, how long will it be unoccupied for?

Please provide further details as to when the holiday home will be occupied and by whom.

Are there security and caretaking\housekeeping measures in place at the holiday home? YES NO

If, yes, please provide further details.

Construction Roof- e.g. Tile Walls - e.g. Brick

If THATCH (including thatch lapa), please note that the thatch application has to accompany this proposal

Do you require a Value at Risk survey to be conducted on your main residence's contents? YES NO

Do you require extended subsidence and landslip cover? (If YES, separate questionnaire to be completed) YES NO

Are all opening windows protected by burglar bars? YES NO

Are all external doors protected by security gates? YES NO

Are there any sliding doors at the residence? YES NO

Are the sliding doors protected by security gates? YES NO

Are the sliding doors fitted with an additional locking mechanism? YES NO

Please provide details of the additional locking mechanism fitted to sliding door/s

Is there a burglar alarm system installed at your residence? YES NO

If YES, is the alarm linked to an armed response company? YES NO

Is the alarm in working order? YES NO

Is the alarm activated when the residence is unoccupied? YES NO

Are all opening windows and external doors protected by the alarm / sensor? YES NO

Name the armed response company

Is the residence situated in an estate? YES NO

Does the estate have 24 hour access control? YES NO

Is the estate enclosed with electric fencing? YES NO

INITIAL

Are there 24 hour guards stationed at the estate?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are there any factors not mentioned above that may adversely affect the security risk of your residence?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please provide further details				
Are there any additional security features not mentioned above, that may improve the security of your residence?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please provide further details				
Is the residence occupied during working hours?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please provide further details				
Is the residence occupied by anyone other than the insured or insured's family?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please provide further details				
Will it be unoccupied for 4 consecutive days within the next 60 days?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please provide further details				
Will the residence be unoccupied for more than 60 days a year?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please provide further details				
Do you conduct any business from the residence?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, what type of business				
Do clients have access to the residence?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Do you store any stock for the business?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please provide further details				
Is any money kept on the premises with regard to the business?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please specify amount R				
Is the residence in an established built-up area?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are there any new building developments nearby?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is the residence on a small holding, farm or plot?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please provide further details				

INITIAL

Is the residence near a park, a sports field or golf course?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please provide further details (km distance)				
Is the residence next to a vacant piece of land?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is the residence being lent, let or sublet?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please provide further details				
Do you currently have insurance for your contents?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Current/previous insurer and policy no.	<input type="text"/>			
Have there been any burglaries at this risk address?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

Please provide any details of any claims or losses suffered by you during the past five years

DATE	DESCRIPTION	AMOUNT	SETTLED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PERSONAL BELONGINGS OF PARENTS/GRANDPARENTS IN NURSING HOMES

Sum insured R:				
Risk Address				
				Code
Type of Residence	<input type="checkbox"/>	House	<input type="checkbox"/>	Townhouse
	<input type="checkbox"/>	Flat - Ground Floor	<input type="checkbox"/>	Flat - Above Ground
			<input type="checkbox"/>	Cluster
				Other
If OTHER, please specify				
Construction	Roof- e.g. Tile		Walls - e.g. Brick	
If THATCH (including thatch lapa), please note that the thatch application has to accompany this proposal				
Are all opening windows protected by burglar bars?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are all external doors protected by security gates?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are there any sliding doors at the residence?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are the sliding doors fitted with an additional locking mechanism?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Please provide details of the additional locking mechanism fitted to sliding door/s				

INITIAL

Is there a burglar alarm system installed at your residence?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, is the alarm linked to an armed response company?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is the alarm in working order?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is the alarm activated when the residence is unoccupied?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are all opening windows and external doors protected by the alarm / sensor?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Name the armed response company	<input type="text"/>			
Current/previous insurer and policy no.	<input type="text"/>			
Have there been any burglaries at this risk address?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

Please provide any details of any claims or losses suffered by you during the past five years

DATE	DESCRIPTION	AMOUNT	SETTLED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PERSONAL BELONGINGS OF FULL TIME STUDENTS

Sum insured R:			
Risk Address Code			
Type of Residence	<input type="checkbox"/> House	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Cluster
	<input type="checkbox"/> Flat - Ground Floor	<input type="checkbox"/> Flat - Above Ground	<input type="checkbox"/> Other
If OTHER, please specify			
Construction	Roof- e.g. Tile	Walls - e.g. Brick	

If THATCH (including thatch lapa), please note that the thatch application has to accompany this proposal

Are all opening windows protected by burglar bars?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are all external doors protected by security gates?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are there any sliding doors at the residence?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are the sliding doors fitted with an additional locking mechanism?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

Please provide details of the additional locking mechanism fitted to sliding door/s

Is there a burglar alarm system installed at your residence?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, is the alarm linked to an armed response company?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is the alarm in working order?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is the alarm activated when the residence is unoccupied?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are all opening windows and external doors protected by the alarm / sensor?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Name the armed response company	<input type="text"/>			
Current/previous insurer and policy no.	<input type="text"/>			
Have there been any burglaries at this risk address?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

Please provide any details of any claims or losses suffered by you during the past five years

DATE	DESCRIPTION	AMOUNT	SETTLED

EXTENDED BASIC COVER

Assets outside and/or removed from the private residence limited to a maximum of 25% of the Household Contents sum insured limited to the item limit noted in the schedule. This cover excludes assets/personal belongings of full time students not residing with You and parents/grandparents in nursing homes.

Extended Basic Cover Sum Insured	<input type="text"/>
Item Limit	<input type="text"/>

PLEASE NOTE:

- The item limit selected cannot exceed the Extended Basic Cover sum insured.
- Kindly ensure that the above Extended Basic cover is sufficient. Should this cover not be sufficient, items can be specified under the All Risk section.

PERSONAL LIABILITY SECTION

Limit of Liability is R3 000 000 (three million rand) which is automatically added to your policy

Do you require Supplementary Liability at an additional premium?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
R10 000 000 (ten million rand)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
or				
R20 000 000 (twenty million rand)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

INITIAL

ALL RISKS SECTION

Please itemise any item that should be specified under the all risk section

DESCRIPTION	MAKE	MODEL	SERIAL NO.	VALUE

Special instructions

Please provide any details of any claims or losses suffered by you during the past five years

DATE	DESCRIPTION	AMOUNT	SETTLED

VEHICLE INSURANCE SECTION (Cars, Trailers, Caravans, Boats)

	VEHICLE 1	VEHICLE 2	VEHICLE 3
Year			
Make			
Model			
Engine No.			
VIN No.			
Registration No.			
Vehicle Code			
Registered Owner			
Registered Owner's ID & relationship to Insured			
Regular Driver			
Regular Driver's ID & relationship to Insured			
Occupation of Driver			
Marital Status of Driver			
Year drivers license obtained			
License code			

Have you attended any defensive driving course?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will anyone else drive the vehicle (If YES, complete the following questions)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

	VEHICLE 1	VEHICLE 2	VEHICLE 3
Name of Driver			
Driver's ID & relationship to Insured			
Occupation of Driver			
Marital Status of Driver			
Year drivers license obtained			
License code			

Have you attended any defensive driving course?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
---	------------------------------	-----------------------------

Type of Use		Strictly Private	Strictly Private	Strictly Private				
		Social (Inc to work & back)	Social (Inc to work & back)	Social (Inc to work & back)				
		Business	Business	Business				
		Professional Business	Professional Business	Professional Business				
Average kilometers travelled per month								
Type of Cover		Comprehensive	Comprehensive	Comprehensive				
		3rd Party, Fire & Theft	3rd Party, Fire & Theft	3rd Party, Fire & Theft				
		3rd Party Only	3rd Party Only	3rd Party Only				
Security fitted in vehicle		Anti-Hijack	Anti-Hijack	Anti-Hijack				
		Immobiliser	Immobiliser	Immobiliser				
		Tracking	Tracking	Tracking				
		Alarm	Alarm	Alarm				
		Transponder Key	Transponder Key	Transponder Key				
Any extras fitted & value								
Do you require these extras to be insured		YES	NO	YES	NO	YES	NO	
Car radio cover required		YES	NO	YES	NO	YES	NO	
If YES, please provide further details	Make			Make			Make	
	Model			Model			Model	
	Insured Value			Insured Value			Insured Value	
Is the vehicle modified or converted		YES	NO	YES	NO	YES	NO	
If YES, please specify								
Address where the vehicle is kept at night								

INITIAL

	VEHICLE 1			VEHICLE 2			VEHICLE 3					
Is the vehicle in a locked garage or behind locked gates at night		YES		NO		YES		NO		YES		NO
Address where the vehicle is kept during the day												
What security is in place at the risk address during the day												
Credit Shortfall (Purchase invoice required)		YES		NO		YES		NO		YES		NO
	Amount R			Amount R			Amount R					
Do you require car hire	YES			NO			YES			NO		
	30 days	45 days	60 days	30 days	45 days	60 days	30 days	45 days	60 days	30 days	45 days	60 days
	30 days	45 days	60 days	30 days	45 days	60 days	30 days	45 days	60 days	30 days	45 days	60 days
	30 days	45 days	60 days	30 days	45 days	60 days	30 days	45 days	60 days	30 days	45 days	60 days
Excess Structure	STANDARD			STANDARD			STANDARD					
	EXCESS BUSTER (No excess buster applies to under 30's)			EXCESS BUSTER (No excess buster applies to under 30's)			EXCESS BUSTER (No excess buster applies to under 30's)					
	FLAT EXCESS (No flat excess applies to under 30's)			FLAT EXCESS (No flat excess applies to under 30's)			FLAT EXCESS (No flat excess applies to under 30's)					
Has the vehicle been purchased through	Dealership			Dealership			Dealership					
	Privately			Privately			Privately					
	Finance House			Finance House			Finance House					
Interest of Financial Institutions (purchase invoice required)												

Are you insured on any other vehicle insurance at the moment?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Please advise the cancellation date of the above policy	<input type="text"/>			
Have you had continuous insurance in the last 5 years?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If NO, please provide further details				
Current/Previous insurer	<input type="text"/>			
Policy No.	<input type="text"/>			
Reason for cancellation	<input type="text"/>			
Have you or any other driver of the vehicle/s ever had their drivers license endorsed or cancelled.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please provide further details				

INITIAL

Please provide details of any claims or losses suffered by you or any other person that may drive any of the vehicles during the past five years, whether insured on any policy or not.

DATE	DESCRIPTION	AMOUNT	SETTLED

Special instructions

PERSONAL ACCIDENT SECTION

Do you require the insurance? YES NO

The age limits for acceptance under this section are 18 to 75 years

PERSONS TO BE INSURED			
	1	2	3
Name & Surname			
Occupation			
ID Number			
Relationship to insured			
Death (Compulsory Benefit)	R	R	R
Permanent Disablement (Maximum not to exceed Death Benefit)	R	R	R
Temporary Total Disablement (Maximum 52 weeks) (Maximum R10 000 per week)	R	R	R
Emergency Benefit (Maximum R10 000)	R	R	R

In respect of persons to be insured (PLEASE ANSWER ALL QUESTIONS FULLY)

Please give full details of all injuries which any of the persons to be insured have incurred (giving dates and duration)

DATE	DESCRIPTION

Is there any other additional Personal Accident cover in force? YES NO

If YES, please provide further details

Please provide any details of any claims or losses suffered by you during the past five years, whether insured or not

DATE	DESCRIPTION	AMOUNT	SETTLED

Do any of the persons to be insured suffer from defective vision or hearing or from any physical or mental condition? YES NO

If YES, please provide further details

INITIAL

Has the insured persons undergone any operation of any sort in the past?

YES

NO

If YES, please provide further details

Current status of health

The Beneficiary - In respect of any claim consequent upon your death, we will pay the benefit to the beneficiary nominated by you and named in the schedule.

NAME

ID NO.

SPECIAL RISK

Do you require Emergency Home Assist cover?

YES

NO

Do you require Motor Assistance cover?

YES

NO

DECLARATION

I hereby voluntary, without undue influence from any party and not under any duress, give my consent and authorise CIB(PTY) LTD [CIB] to collect and process my personal information for purposes as specified below and compliance with the Protection of Personal Information Act, 4 of 2013.

I specifically authorise CIB and any authorised agents to conduct a background check including a credit bureau search, drivers' licence, employment history, and any other relevant checks in the underwriting or claims process and where necessary to request the Credit Bureau to furnish my credit record such as usually furnished by the Credit Bureau to CIB or its duly authorised agent.

I/we hereby declare that the information provided is correct and accurate.

I understand that this insurance will not start until this proposal has been accepted by the insurers. If you are unable to sign this declaration, please give your reasons here:

Signature

Date

Signature

Date

We remind you not to initial any blank or partially completed forms. The signing of blank or partially completed forms by a policyholder whereby someone else fills in the details at a later stage, is an offence in terms of the policyholder protection legislation.

SASRIA cover is automatically included where applicable. Remember, no liability will attach to the Insured until this proposal has been accepted by CIB.

CIB (Pty) Ltd respects the privacy of our policy holders. Our Privacy Policy explains how we collect, use, disclose, and safeguard your information when you visit our website – www.cib.co.za

DEBIT ORDER INSTRUCTION IN RESPECT OF SHORT TERM INSURANCE



INSURED

Insured:
Policy number:

MONTHLY DEBIT ORDER INFORMATION

Account holder (Debtor):		
Physical address of the Insured:	Banking institution:	
	Branch / Town:	
Code:	Type of account:	
Branch Number:	Account number:	
Account Name:	Bank account reference: CIB\("policy number")	
Collection date:	1st of every month <input type="checkbox"/>	7th of every month <input type="checkbox"/>
		15th of every month <input type="checkbox"/>

Returns in respect of unmet debit order (Insufficient Funds)

When a Debit Order is returned "Unpaid" due to insufficient funds, it will be recollected by way of an ad hoc collection within 15 (fifteen) days from such date.

Amendments to Policies (New and Existing)

Any premium, in relation to new policies or amendments to existing policies, in excess of R100.00 (One Hundred Rand) will be collected by way of an ad-hoc collection within 7 (seven) days from the date of inception or amendment.

AUTHORISATION

I/we hereby request and authorise CIB PROPRIETARY LIMITED, with address 15E Riley Road, Riley Road Office Park Bedfordview, on behalf of the Insurer to draw against my/our account, with the above mentioned bank (or any other bank or branch to which I/we may transfer my/our account) the payment of the monthly debit due to you in respect of the above mentioned insurance policy. The amount to be collected may vary each month due to a) annual increase b) costs incurred where debit orders are returned unpaid c) changes that you make to the Agreement, or other additional amounts due on an ad hoc basis, allowed and specified in the Agreement.

All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.

I/we the undersigned "instruct" and authorise you to draw against my/our account with the above mentioned bank, and I/we understand that the details of the withdrawals authorised here will be printed on my/our bank statement and shall include the policy number.

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

I/we agree to pay any bank charges relating to this debit order instruction.

I/we agree that this authority may be cancelled by means of giving you thirty days' notice in writing, sent in a manner required by legislation, but I/we understand that I/we shall not be entitled to any refund of amounts, which you have withdrawn whilst this authority was in force if such amounts were legally owing to you.

Assignment: I/We acknowledge that I/We may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorised party.

I hereby voluntary, without undue influence from any party and not under any duress, give my consent and authorise CIB(PTY) LTD [CIB] to collect and process my personal information for purposes as specified below and compliance with the Protection of Personal Information Act, 4 of 2013.

I specifically authorise CIB and any authorised agents to conduct a background check including a credit bureau search, drivers' licence, employment history, and any other relevant checks in the underwriting or claims process and where necessary to request the Credit Bureau to furnish my credit record such as usually furnished by the Credit Bureau to CIB or its duly authorised agent.

I/we hereby declare that the information provided is correct and accurate.

CIB (Pty) Ltd respects the privacy of our policy holders. Our Privacy Policy explains how we collect, use, disclose, and safeguard your information when you visit our website – www.cib.co.za

Signed by:
at:

in my/our capacity as:
on this day the: of: 20

DULY AUTHORISED SIGNATORIES

Signature:
Name:

Signature:
Name: