

Liberty Road Accident Family (RAF) Protection Plan Application Form



ADVICE INSURE INVEST

Please complete and return to: e info@zestlife.co.za
 f 021 001 0248
 Postnet Suite 87
 Private Bag X1005
 Claremont, 7735

PRINCIPAL INSURED DETAILS

Title	<input type="text"/>	Full names	<input type="text"/>
Surname	<input type="text"/>		
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ID number	<input type="text"/>
Postal or physical address	<input type="text"/>		
	<input type="text"/>		Postal code <input type="text"/>
E-mail address	<input type="text"/>		
Cell phone number	<input type="text"/>	Business telephone number	<input type="text"/>

PRINCIPAL INSURED DECLARATIONS AND DEBIT ORDER AUTHORISATION

I accept that this application shall be the basis of the contract of insurance between me and Zestlife as the administrator appointed by Guardrisk Life Limited (the underwriter), which will become effective on the first day of the month for which premiums are paid.

We confirm that by signing this application form you have agreed that we will hold and use your details that you have given us for the purposes of providing you with excellent service as a policyholder and that we will also hold your information so that we are able to look after your needs by providing you with appropriate insurance products in the future.

Needs Analysis

The RAF policy meets my needs because I have inadequate insurance in place to cover me and my family for death and personal injury in the event of a motor accident. The policy was recommended as a solution because it will cover me and my family for the financial hardship that may be experienced as a result of being injured in a motor accident. The policy is a unique product on the market but the consultant does not represent any other suppliers. The monthly premium is affordable taking into account my other financial commitments.

Replacement Policy

This application will replace an existing policy?

If yes, the consultant will contact you to complete a replacement policy advice record which will provide you with comprehensive information regarding the consequences of the replacement as the replacement could potentially be prejudicial. A copy of the current policy contract must be provided.

Debit Order Authorisation

I hereby authorise Zestlife to issue payment instructions to its bank to collect the monthly premium due by debit order from my bank account on condition that the sum of such payment instruction will never exceed my obligation in terms of this application. I acknowledge that all payment instructions issued by Zestlife shall be treated by my bank as if the instructions have been issued by me personally. The debit order will be collected every month on the debit order collection date selected below.

In the event that this collection day falls on a Sunday or recognised South African public holiday, the collection day will automatically be the previous ordinary business day. I acknowledge that this authority may be assigned to a third party only if the policy is transferred to another Insurer or administrator. I understand that the payment instruction will be processed through a computerised system provided by the South African Banks.

I shall not be entitled to any refund of amounts which Zestlife has collected while this debit order authority is in force, if such amounts were legally owed to Zestlife. This authority may be cancelled by giving Zestlife notice of not less than 30 days and such cancellation will not necessarily cancel my policy. Zestlife, followed by a unique reference number will be reflected on my bank statement.

Full names of account holder	<input type="text"/>		
Surname of account holder	<input type="text"/>		
Bank name	<input type="text"/>		
Branch name	<input type="text"/>		
Account number	<input type="text"/>		
Account type	<input type="checkbox"/> Savings	<input type="checkbox"/> Cheque	<input type="checkbox"/> Transmission Other <input type="text"/>
Date amount to be collected on (please tick the correct box)	<input type="checkbox"/> 1st of every month	<input type="checkbox"/> 15th of every month	<input type="checkbox"/> 26th of every month
Signature of account holder	<input type="text"/>		Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

