

## Addendum – Annexure A

(This form should **ONLY** be completed and attached to the application form where the application form used does not include the mandatory fields)

### Section A

This section should be completed when onboarding an Individual Policyholder, including Members and Policyholders of Group or Grouped Individual Policies, where mandatory fields are not included on the application.

New business – Individual Member (Policyholder)	
Policyholder Name	
ID Number	
Country of Birth	
Country of Residence	
Nationality	
Source of Funds	<input type="checkbox"/> Salary <input type="checkbox"/> Pension <input type="checkbox"/> Government Grant or <input type="checkbox"/> Other: _____
Method of Transaction	<input type="checkbox"/> Debit Order <input type="checkbox"/> Stop Order <input type="checkbox"/> EFT or <input type="checkbox"/> Cash
Value of Transaction (monthly premium amount)	

### Section B

This section must be completed for Entities or Brokers.

Entity Client (Schemes, Entities, Funds, Employer, etc.)	
Entity Name	
Registration Number	
Country of Registration	
Country of Operation	
Entity type	<input type="checkbox"/> Club <input type="checkbox"/> Church <input type="checkbox"/> Corporation <input type="checkbox"/> Union <input type="checkbox"/> Fund or <input type="checkbox"/> Other: _____
Source of Funds	<input type="checkbox"/> Revenue / Profit <input type="checkbox"/> Employee Benefit <input type="checkbox"/> Donation or <input type="checkbox"/> Other: _____
Method of Transaction (e.g. EFT)	
Value of Transaction (monthly premium amount)	

Signature Policyholder: \_\_\_\_\_

Date: \_\_\_\_\_