Juristic Entity Addendum

This form is to accompany any application to contract and/or request to transact on a Hollard Life policy, where the policyholder or premium payer is not a natural person. Please take note of additional documentation needed to be submitted with this form.

Please tick the applicable box. Ownership and Payer Addendum for Policy Owner Addendum for Premium Payer Entity Registered Company Trust Registered NGO Unregistered NGO Partnership ____ Unlisted Company \square Informal Company Listed Company ___ Quote reference no. for application for cover Policy no. Entity Details Trading name of entity, if different to the registered name Registration no./Trust no. Relationship to the Insured Cell no. Contact no. Email address Country of residence Postal address Physical address Registered address Industry sector SARS Tax Number VAT Number (if applicable) Foreign Tax Number Founder of the Trust (complete for each founding member) Name ID/Passport no. Physical address Cell no. Contact no. Surname ID/Passport no. Physical address Contact no. Cell no. _______



	Director/Trustee, Sole Proprietor details, Trust beneficiaries and Partnership
Title Name ID/Passport no.	Surname
Physical address	
Contact no.	Cell no.
Title Name ID/Passport no.	Surname
Physical address	
Contact no.	Cell no.
Title Name ID/Passport no.	Surname
Physical address	
Contact no.	Cell no
Shareholder Details, where	e shareholding is greater than 5%, Member and Parner details
Title Name	Surname
ID/Passport no.	% Shareholding
Physical address	
Contact no.	Cell no.
Title Name	Surname
ID/Passport no.	% Shareholding
Physical address	
Contact no.	Cell no.
Title Name	
Name	Surname
ID/Passport no.	Surname \(\) % Shareholding \(\)



Supporting documents required

	Partnerships
(Please attach certified copies of the documents listed below) Partnership Agreement incl % interest in the partnerhip Certificate of Incorporation Document Proof of Business Address Letter of Authority for Authorised Signatory	
(Please attach certified copies of the documents listed below) Resolution Document/Constitution Document/Founding Document Proof of Business Address Letter of Authority for Authorised Signatory Copy of ID and Proof of Address for Each Member and Authorised Individual (CEO; CF)	_
(Please attach certified copies of the documents listed below) Certificate of Incorporation Resolution Letter/Letter of Authority for Authorised Signatory	Close Corporations
(Please attach certified copies of the documents listed below) Certificate of Incorporation Proof of Business Address Letter of Authority for Authorised Signatory Company Share Register/Corporate Organogram/Certificate of Registration	Unlisted South African companies
(Please attach certified copies of the documents listed below) Evidence of Public Listing on JSE	Listed Companies Unregistered NGO's
(Please attach certified copies of the documents listed below) Company Resolution Document/Constitution/Founding Document Letter of Authority for Authorised Signatory Proof of Business Address Confirmation of Non-profit Status or Authority Authorised signatory of Bank account Authorised representative letter of authority	



	Registered NGO's
(Please attach certified copies of the documents listed below)	
Certificate of Incorporation	
Proof of Business Address	
Letter of Authority for Authorised Signatory	
Confirmation of Non-profit Status or Authority	
	Trusts
(Please attach certified copies of the documents listed below)	_
The Trust Deed (indicating Trust Name, Trading Name, Registration Number, Registered Address)	
Letter of Authority for Authorised Signatory (or founding document)	
Copy of ID for All Parties Listed	
Proof of Business Address for All Parties Listed	
	Authorised Signatory
Title Name Surname	
ID/Passport no.	
I declare that the information supplied to be true and correct during the application process.	
If the information is incomplete or incorrect, we may cancel your policy from the date that you gave may lose your right to claim as well as premiums paid.	e us incorrect information and you
We use the information that you give us to provide you with cover. You must give us any important is	nformation that we need.
You must give us the information when the policy starts and whenever any of the information change to changes to Shareholding and Beneficial ownership, within 14 days of the change.	es, which includes but is not limited
Signed at:	
Date Signed:	
Signature	

