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/ Unlisted Company/"Private Company"/CC Registered NGO Partnership Informal Company **Listed Company** Quote reference no. for application for cover Policy no. Entity Details Registered name of entity □ Trading name of entity, if different to the registered name Registration no./Trust no. ☐ Relationship to the Insured Contact no. Cell no. Country of residence (if foreign company, country of registration) 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 Cell no. _______



Director/Trustee, Sole Proprietor details, Trust beneficiaries and Partnership, Partner; CC Member; Authorised Individuals (CEO; CFO; COO; MD) Title Surname Name ID/Passport no. Physical address Contact no. Cell no. Title Name Surname ID/Passport no. Physical address [Contact no. Cell no. ______ Title [Surname Name ID/Passport no. Physical address Contact no. Cell no. Shareholder Details, where shareholding is greater than 5% Title [Name Surname % Shareholding ID/Passport no. Physical address Contact no. Title Name Surname ID/Passport no. % Shareholding [Physical address Contact no. Cell no. Title [Surname Name ID/Passport no. % Shareholding Physical address



Cell no.

Contact no.

Supporting documents required

	Partnerships
	rurencismps
(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	
	nformal Incorporated Entities
(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; CFO; COO; MD)	
	Close Corporations
(Please attach certified copies of the documents listed below)	
Certificate of Incorporation	
Resolution Letter/Letter of Authority for Authorised Signatory	
Registered Company/Unlist	eed Company or "Private Company"
(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	
	Listed Companies
(Please attach certified copies of the documents listed below)	
Evidence of Public Listing on JSE	
	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)	
Proof of Business Address	
Title 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 in	nformation that we need.
You must give us the information when the policy starts and whenever any of the information chang 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	

