

COMPANY APPLICATION FORM

Please complete this form in black ink and CAPITAL letters

Registered Name:			
Trading Name:			
Registration No.:		Contact Person:	
Contact Details:	Home No.:	Work No.:	
	Fax No.:	Cell No.:	
Postal Address:			
		Code:	
Residential Address:			
		Code:	

DEBIT ORDER DETAILS

Name of account holder:			
Account no.:			
Bank:	<input type="checkbox"/> Standard Bank <input type="checkbox"/> ABSA <input type="checkbox"/> FNB <input type="checkbox"/> Nedbank <input type="checkbox"/> Capitec <input type="checkbox"/> Other	Account type:	<input type="checkbox"/> Savings <input type="checkbox"/> Transmission <input type="checkbox"/> Other
Debit order day:	<input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 15th <input type="checkbox"/> 25th <input type="checkbox"/> 31st <input type="checkbox"/> Other		
Email address of contact person for billing:			
Effective Date:			

I hereby instruct and authorise you to draw against my bank account the amount necessary for payment of my monthly premium due in respect of the above mentioned insurance, without prejudice to the rights of GENRIC. I further authorise you to increase the amount in the terms of the policy from time to time and authorise my bank to effect payment.

Declaration and informed Consent in terms of the Protection of Personal Information Act 4, of 2013 (POPIA)

We at GENRIC Insurance Company Limited (GENRIC) respect your right to privacy. We need to collect and process some of your personal information in terms of various Privacy and Data Management laws and are bound by the terms and provisions of the Protection of Personal Information Act, regarding the acquisition, usage, retention, transmission and deletion of your personal information.

Your personal information collected is for the primary purpose of providing you with insurance cover and for all other activities and processes incidental to and relevant to this purpose. As this information forms the basis of our assessment and terms, we offer you, it must be correct, complete, and up to date.

We will always comply with all relevant regulations in dealing with your information and keep it secure and confidential at all times. Your information shall be kept confidential; however, we shall disclose it to certain third parties as required and other insurers for the specific purpose of insurance and to reduce and prevent any form of fraudulent activity.

Should you decide to cancel this insurance contract you further consent to GENRIC, in retaining the information in line with the legally permitted retention period, for statistical and reporting purposes only.

Should you decide not to accept the proposal, the information collected, will be de-identified and only used for statistical and research purposes.

I hereby voluntary consent to GENRIC processing my Personal Information.

I understand the purposes for which my Personal Information is required and for which it will be used.

I give GENRIC permission to process my Personal Information as provided above.

Our Privacy Notice and POPIA Policy provides the details of how we deal with the personal information of our clients, and it is available on our website at the following address: <https://www.genric.co.za>.

Signature of Person Authorised to sign on Behalf of Company: Date:

IMPORTANT INFORMATION

- Please make sure FULL details are given for questions answered YES.
 - Application forms could be underwritten and conditions may be excluded for longer than 10 months, or permanently.
 - The onus lies on the insured to make sure that premiums are paid on a monthly basis. Reference on bank statements read: GH_Policy Number
 - In the event of a bereavement related claim the Insurer will pay the benefit into the principal or nominated beneficiaries account. The beneficiary must be noted on the policy prior to any loss. We will require the full name, surname and ID to note the beneficiary. At the time of a claim we will require the beneficiary's ID and proof of bank. Should there be no beneficiary noted on the policy prior to the loss or should we be unable to confirm the identity of the beneficiary, payment will always be made into the principal policyholders account.
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INTERMEDIARY DETAILS

Intermediary Group:	<input type="text"/>	Intermediary Code:	<input type="text"/>
Sales Person:	<input type="text"/>	Sales Code:	<input type="text"/>
Tel no.:	<input type="text"/>	Cell no.:	<input type="text"/>