VISION EMPLOYER APPLICATION FORM

1. EMPLOYER DETAILS

Name of Employer:

Employer contact person:

Tel No: Fax No: Email: _____

Is cover for the group compulsory? Yes ☐ No ☐ If yes, please state how many employees are in the employ of the company:

If no, please state the number of employees to be included at policy inception:

Compulsory cover means that the employer must apply for cover for all full time, permanent employees of the company.

Physical address:

Postal Code:

Postal address:

Postal Code:

2. DIRECT DEBIT ORDER (Details of Account Holder)

Full Name / Company Name / Account Holder:

Bank: Branch Code:

Branch:

Type of account: Current ☐ Savings ☐ Transmission ☐ Acc No:

If account holder is not the applicant, state the relationship:

Have you collected the first months premium and attached it to this application form? Yes ☐ No ☐

Requested commencement date of policy: D D M M Y Y Y Y Debit order collection date: 1st ☐ 5th ☐ 15th ☐

3. CLIENT AUTHORITY

I / we declare that all sections of this application form and booklet have been fully considered by me / us and that the statements given in this application and all documents that have been or will be signed by me/us in connection with this application, whether in my/our handwriting or not, are strictly true and complete. I / we authorise FINANCIAL MANAGEMENT INTERNATIONAL LTD to draw on my/our Bank/Building Society account (as indicated above) and forward the premiums to the respective Insurer, the monthly premium required in terms of the benefit I/we have chosen. I / we agree that variations can be made if I am / we are given 30 days notice of a general increase or decrease of the monthly cost of these Policies.

Commencement Date: D D M M Y Y Y Y

Signature(s): _____ Date: D D M M Y Y Y Y

4. INTERMEDIARY DETAILS

Name: FMI Code:

FMI Consultant: FAIS no:

FICA Standard Broker Declaration In terms of Exemption 4 as contained in the Regulations to the Financial Intelligence Centre Act, No. 38 of 2001

Declaration I, _____ (Full Names, Surname and ID-number of

of _____ (Name of Brokerage if it is a Legal Entity), confirm that I have identified the client(s)/employer(s) that have applied for this policy and have verified their identity according to the requirments as set out in the Financial Intelligence Centre Act, 38 of 2001, and any legislation, regulations or guidelines related thereto. I further confirm that I will keep record of the verification documents as required in terms of the said Act and will make available copies of these documents and details of the verification procedures followed on request to any party entitled thereto in terms of the Act.

Underwritten by:

LOMBARD LIFE LIMITED

Signature: _____

Date: D D M M Y Y Y Y