

Additional policyholders for Myriad

Complete additional forms as necessary for additional policyholders.

Quote ref number

Section 1: Policyholder

Percentage ownership

Surname (as on ID)/Name of legal entity

Title

First name (as on ID)

Second name (as on ID)

Previous surname(s)

Permanent ID/Passport number

Permanent ID number

Passport number

Country of issue

Nationality

Legal entity/Trust registration number

Contract language English

Afrikaans

Residential address

Postal code

Postal address

Postal code

E-mail address

Telephone - cellphone

Telephone - alternative

Contact person in case of legal entity

Are you or the legal entity (whichever is applicable) currently insolvent, or have been liquidated, placed under administration or are there any processes pending for liquidation or administration?

Yes

No

Are you or the contact person (in case of a legal entity), a politically exposed person?

Yes

No

Is this policyholder also the insured life?

Yes

No