

COMPOSURE™

COMPOSURE™ APPLICATION FORM (FAMILY)

Name of Applicant	
Address of Applicant	
Details of Applicant's occupation(s)	
Please list all the names and city of residence of the people to be insured	
Have there been any kidnaps, attempted kidnaps or threatened kidnaps? (if so please give details)	
Please give brief details of any travel plans outside the country of residence of all people to be insured	
Do the Applicant's net assets exceed (please tick) R 2 500 000 <input type="checkbox"/> R 5 000 000 <input type="checkbox"/> R 10 000 000 <input type="checkbox"/> R 25 000 000 <input type="checkbox"/> R 50 000 000 <input type="checkbox"/>	
Limit(s) of liabilities requested	
Do you wish to extend the policy to include Emergency Political Repratriation?	

I have read the above and declare to the best of my knowledge and belief that the statements are true and complete. Signing this form does not bind the Applicants to complete the insurance but it is agreed that this form should be the basis of the contract should a policy be issued.

.....
Signature

.....
Date