



pandemicshield™

Company Application Form

(SUBJECT TO TERMS AND CONDITIONS OF THE PANDEMIC SHIELD POLICY WORDING) Please complete the Application Form in Block Letters and send completed application form and supporting documents to applications@sirago.co.za

Company Details

Registered Name

Trading Name

Registration Nr.

Contact person

Designation

Policy inception date

Contact Details

Mobile Nr.

Work Nr.

Fax Nr.

Email Address

Postal Address

Code

Residential Address

Code

Payment Method

(If Debit Order is chosen please complete the section below)

Debit Order Details

Name of account

Account nr.

Bank

Account type

Debit order day each month

Branch code

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 right of GENRIC Insurance Company Limited. 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.

I/ We hereby confirm acceptance of the below mentioned insurance policy, and authorise Sirago Underwriting Managers (Pty) Ltd to issue and deliver payment instructions to their Banker, to draw on my/our account at the under mentioned institution in any manner agreed on between GENRIC Insurance Company Limited and such institution, the amount of the premium payable on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on the above- mentioned date and request the aforesaid institution to debit my/our account with all debits drawn against it by GENRIC Insurance Company Limited.

All such withdrawals from my/ our bank account by GENRIC Insurance Company Limited shall be treated as though they had been signed by me/us personally.

This authority may be cancelled by me/us by giving Sirago Underwriting Managers (Pty) Ltd thirty days' notice in writing, however I/we understand that I/we shall not be entitled to any refund of amounts which GENRIC Insurance Company Limited has with- drawn while this authority was in force, if such amounts were legally owing to Sirago Underwriting Managers (Pty) Ltd.

I/ We certify that the above bank details are correct. If these banking details have not been provided accurately, or if the details change at any time in the future and I/we fail to notify such changes, or if payments are not made in accordance with the Debit Order Instruction, the responsibility of payment will rest with me/ us.

Premiums are payable on a monthly basis by debit order. If two or more debit orders are returned, Sirago Underwriting Managers (Pty) Ltd will not be held liable should the policy be automatically terminated or should claims incurred during this period of suspension not be paid. I acknowledge that any fees and charges levied by the bank on account of the debit order or any order payments which may be rejected for any reason whatsoever will be for my account.

I agree to the above sections of the application form



Pandemic Shield is administered by Sirago Underwriting Managers (Pty) Ltd, an Authorised Financial Services Provider (FSP: 4710), underwritten by GENRIC Insurance Company Limited (FSP: 43638). GENRIC is an Authorised Financial Services Provider and registered Short-term insurer.



If the facility is in the name of a Company, Close Corporation, Trust or Association the full names of such entity and the capacity of the signatory must be reflected. In the event that the payment day falls on a Sunday, or a recognised South African public holiday, the payment day will automatically be the very next ordinary business day. Payment instructions due in December may be debited against my account on the above-mentioned date.

I/ We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

I/ We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement this Authority and Mandate cannot be assigned to any third party.

Name and surname of signatory

Capacity of signatory holder

I hereby declare that I am authorised to sign on behalf of my company.

Signature of account holder

Date

Important Information

- Application forms could be underwritten.
- The onus lies on the insured to make sure that premiums are paid on a monthly basis. Reference on bank statements read:MD_SIRAGO_MED
- Effective from 1 July 2020.

Intermediary Details

Intermediary Group

Intermediary Code

Salesperson

Sales Code

Tel Nr.

Cell Nr.



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