

Application Form - Corporate

Please complete this form in black ink and CAPITAL letters

Company name: _____ Employee Number: _____

PRINCIPAL INSURED DETAILS

Policy Inception Date: _____

Name and Surname: _____

ID Number \ Passport: _____ Mr Mrs Miss Dr Other

Date of Birth: _____ Email address: _____

Contact Details:

Home No.: _____ Work No.: _____

Fax No.: _____ Cell No.: _____

Postal Address: _____

Code: _____

Residential Address: _____

Code: _____

SPOUSE DETAILS

Name And Surname: _____

ID Number \ Passport: _____ Mr Mrs Miss Dr Other

Date Of Birth: _____ Email Address: _____

Contact Details:

Home No.: _____ Work No.: _____

Fax No.: _____ Cell No.: _____

DEPENDANTS

Cover is limited to:

- The Policyholder and maximum of 4 dependants in total
- Only one adult dependant is permitted
- The only other dependants allowed are child dependants

Dependants are:

- Spouse and/or dependent children up to the age of 21 years
- Students up to the age of 27 (please prove full time enrolment)
- Adopted/foster child (please attach documentary proof)
- An adult who is dependent on the policyholder and approved as eligible for membership of this policy.

Name and Surname: _____

ID Number \ Passport: _____ Male Female

Date of Birth: _____ Relationship to Applicant: _____

Name and Surname: _____

ID Number \ Passport: _____ Male Female

Date of Birth: _____ Relationship to Applicant: _____

Sanlam Primary Care is administered and Underwritten by GENRIC Insurance Company Limited (GENRIC), an Authorised Financial Services Provider (FSP 43638) and Licensed non-life Insurer. Sanlam Primary Care is not a Medical Scheme. The cover is not the as that of a medical scheme and is not a substitute for a medical scheme membership.

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Sanlam Health Solutions Reg no 1959/001562/06
Licensed Financial Services and Registered Credit Provider (NCRCP43)
Refer to the Sanlam website for directors and company secretary details.

www.sanlam.co.za



DEPENDANTS continued

Name and Surname: _____

ID Number \ Passport: _____ Male Female

Date of Birth: _____ Relationship to Applicant: _____

Name and Surname: _____

ID Number \ Passport: _____ Male Female

Date of Birth: _____ Relationship to Applicant: _____

PREFERRED GP

Name: _____ Practice number: _____

Contact number: _____

Address: _____

INTERMEDIARY DETAILS

Intermediary Group: Intermediary Code:

Sales Person: Sales Code:

Tel No.: Cell No.:

OPTION SELECTION

SANLAM PRIMARY STANDARD WITH A + E ADULT ADULT DEPENDANT CHILD

SANLAM PRIMARY STANDARD ADULT ADULT DEPENDANT CHILD

SANLAM PRIMARY STANDARD & HOSPITAL PLAN ADULT ADULT DEPENDANT CHILD

Signature of Policy Holder Date

Spouse (If married in community of property) Date

NOMINATED BENEFICIARY (related to Accidental Death Benefits)

Name and Surname: _____

ID Number \ Passport: _____ Mr Mrs Miss Dr Other

Date of Birth: _____ Email Address: _____

Contact Details:

Home No.: _____ Work No.: _____

Fax No.: _____ Cell No.: _____

Relationship to Applicant: _____

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>.