

**DIRECTORS AND OFFICERS (D&O) & CYBER RISK LIABILITY
 FOR SMES (SMALL & MEDIUM ENTERPRISES)**

APPLICATION FORM AND DEBIT ORDER AUTHORITY & MANDATE

IMPORTANT NOTICE

Please answer all questions fully. If the space provided is insufficient, please attach a separate sheet.

This form may be used for renewals or new business. In the case of renewals, the underwriters must receive the completed form, and acceptance of the renewal terms advised to them prior to renewal date, failing which no cover exists after such date.

Attention is drawn to the fact that making untrue or false statements or withholding material facts will give underwriters the right to repudiate any claims made under the policy of insurance. This refers to facts which are likely to influence the acceptance of the risk by underwriters.

This cover excludes Medical Healthcare practitioners.

1) BROKERS DETAILS

Name of Company	
Contact Person	
Telephone Number	
E-Mail	

2) INSURED'S DETAILS

Name of Company	
Trading name	
Date business was established	
Registration Number	
VAT number	
Physical address	
Postal Address (incl. postal code)	
Business Description	
Telephone Number	
E-Mail	

3) LIMIT OF INDEMNITY REQUIRED | SECTION A – DIRECTORS & OFFICERS

#	Sum Insured	Premium	Select
1	R 2 500 000 (R2,5m D&O / R2,5m Cyber)	R 85.00	<input type="checkbox"/>
2	R 5 000 000 (R5,0m D&O / R2,5m Cyber)	R 125.00	<input type="checkbox"/>

4) DECLARATION BY APPLICANT REGARDING COVER

#	Declaration	
1	I / We are not aware of any circumstances likely to give rise to a claim under a policy providing cover	
2	I / We accept the terms contained and referred to in this quotation	
3	I / We declare that the insured business complies with all applicable law regulating its business activities	
4	I / We declare that the company is solvent and that current assets exceeds current liabilities	
5	I / We declare that the total turnover from the business activities is as follows	
	R	R
	Previous 12 months	Next 12 months (projected)

5) DECLARATION

I/We declare that the information and answers given in this form are true to the best of our knowledge and belief and that I/we have not misstated or suppressed any material facts that might influence the assessment of the risk.

I/We also understand that completion of this form does not bind the Insurer or mean we will accept this insurance but, if terms are agreed, it will form part of the contract.

Signature	
Name of Signatory	
Capacity of Signatory (duly authorised)	
Name of Company	
Date	
Place	

DEBIT ORDER AUTHORITY & MANDATE

A. AUTHORITY

Given by (Account Holder Name)			
Bank		Branch Code	
Account Number			
Type of Account	<input type="checkbox"/> Current (Cheque) <input type="checkbox"/> Savings <input type="checkbox"/> Transmission		
Amount	R		
To (Beneficiary Name)	Insurer as per Policy Schedule	Bank Reference	Name of Insured

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other above-mentioned Bank (or any other Bank or branch to which I/we may transfer my/our account) 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 Procedure Date.

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand the details of each withdrawal will be printed on my Bank Statement. Such will contain the name Genlib, which will be included in the said payment instruction and if provided to me should enable me to identify the Agreement.

B. MANDATE

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.

C. CANCELLATION

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

D. ASSIGNMENT

I/We acknowledge that this Authority may be ceded or assigned to a third party in the event that an authorised Collection Agency is utilised to process Premium Collections and Payments.

E. AGREEMENT REFERENCE NUMBER

This Agreement Reference number is: (Name of Insured)

Signed at		On this		Day of		20
Authorised Account Signature			Second Signature (For Joint Accounts)			