

# APPLICATION FOR REINSTATEMENT



**LOMBARD**  
(FSP no.1596)

Policy Number:

Telephone: 0861 000 509  
 Fax: 0861 000 508  
 Physical Address: 4 Osborne Lane, Bedfordview, 2007  
 Postal Address: Private Bag X2, Gardenview, 2047

Please complete and return by fax to: 086 649 0417 | Email to: admin@turnberry.co.za

I, \_\_\_\_\_ I.D.No.  apply for my policy(ies) to be reinstated and agree to pay any arrear premiums that may have resulted from the cancellation of my policy.

A. DECLARATION OF HEALTH						
1.	Are you or any dependants under the above policies aware of any reason why hospitalisation and/or medical treatment may be required in the next 12 months from the date of application? (If yes, provide details below.)				YES <input type="radio"/>	NO <input type="radio"/>
	Name	Symptoms/Diagnosis	Treatment	Date of first Diagnosis/ Symptoms	Date of last Treatment	
2.	Have you or any dependants under the above policies been diagnosed, treated, hospitalised and/or sought medical advice for any condition within the last 12 months, from date of application? (If yes, provide details below.)				YES <input type="radio"/>	NO <input type="radio"/>
	Name	Symptoms/Diagnosis	Treatment	Date of first Diagnosis/ Symptoms	Date of last Treatment	
3.	Have you or any dependants under the above policies ever been diagnosed with and/or treated for cancer? (If yes, provide details below.)				YES <input type="radio"/>	NO <input type="radio"/>
	Name	Symptoms/Diagnosis	Treatment	Date of first Diagnosis/ Treatment	Date of last Treatment	
SHOULD THE INFORMATION PROVIDED ABOVE BE INSUFFICIENT TO ASSESS THE RISK, ADDITIONAL MEDICAL INFORMATION WILL BE REQUESTED. SHOULD THE SPACE PROVIDED ABOVE BE INSUFFICIENT PLEASE ATTACH A SUPPORTING SCHEDULE.						

**B. BANK DETAILS FOR DEDUCTIONS OF MONTHLY PREMIUM BY DEBIT ORDER**

Accountholder's Name	
Name of Bank	
Branch Name and Town	
Branch Code	
Account Number	

Type of account:                      Cheque                       Savings                       Transmission   
Date account to be debited:                      1st                       7th                       15th                       25th

*Please note, should the collection date selected fall on a weekend or public holiday, a debit will be processed against your account on the first working day following the weekend or public holiday*

I hereby request and authorise Turnberry Management Services (Pty) Ltd to draw against my current account with the abovementioned bank (or any bank/branch to which I may transfer my account) the amount necessary for payment of the Premiums (as well as any renewal or adjustment premiums and policy fees due) in respect of the abovementioned insurance and lifestyle benefits.. All such withdrawals from my bank account by you shall be treated as though they had been signed by me personally. I agree to pay the bank charges in connection with this instruction and authorise Turnberry to increase the amount of each withdrawal so as to recover the costs thereof in accordance with the South African Clearing Bank's tariff in force at the time. I understand that: 1) the withdrawals hereby authorised will be processed by computer, and 2) details of each withdrawal will be reflected on my bank statement or on the accompanying voucher, and 3) the obligation to ensure that my monthly payments are received remains with me despite the granting to Turnberry of this authority. This authority shall continue in full force and effect until cancelled by me giving 30 days' written notice thereof, sent to Turnberry by prepaid registered post, but I understand that such cancellation may result in the cancellation of the policy and will not relieve me of liability in respect of any unpaid balance owing to Turnberry. In addition, I shall not be entitled to any refund of any amount which Turnberry has withdrawn while this authority was in force, unless I can prove that any such amounts were not legally owing to Turnberry. Receipt of this instruction by Turnberry shall be regarded as receipt thereof by my bank.

Signature of Accountholder: \_\_\_\_\_ Date:

**C. DECLARATION BY THE POLICYHOLDER**

I have been informed of my rights in terms of the Policyholder Protection Rules to have the following information disclosed to me before entering into any insurance contract : 1) The Statutory Notice; 2) Intermediary's accreditation and mandate confirmation; 3) Mandatory disclosures. I hereby apply for the reinstatement of my policy(s) as stated above, subject to the terms and conditions of the policy contract and I agree that this application and declaration shall be the basis of the contract between me and Lombard Insurance Company Limited ("Insurer"). I hereby warrant that the answers and statements provided in this application are true and correct in every particular and that I have withheld no information whatsoever, which is material to or is likely to affect the assessment of the risk under the proposed insurance. I undertake to advise Turnberry in writing if a change takes place in the health of the insured person/persons between the date of signing the application and the date of acceptance of the risk or the date of recommencement of the policy whichever occurs last. I understand that any inaccurate or untrue statements or failure to notify Turnberry of a change in health prior to the acceptance and/or recommencement of the policy may render my policy null and void and all premiums paid forfeited to the insurer.

I acknowledge that no representation made to me by any agent or employee of the Insurer shall in any way bind the Insurer unless it is thereafter confirmed in writing by the Insurer. I hereby irrevocably authorise a) the Insurer to obtain from any person any information the Insurer needs to which this application relates; b) the person concerned to give the Insurer the information it requests under the authorisation in (a); the Insurer to share with other insurers and the LOA any information to assess risks or claims. Any information may, under this authorisation, be obtained or given at any time, even after death. I agree that a photocopy or fax of this application form is as effective and valid as the original. If I have an email address for correspondence with Turnberry, I accept the risks of email correspondence and shall not hold Turnberry liable for any loss or damage arising through any unauthorised access to the email correspondence or any interception of any communication between Turnberry and me.

I acknowledge that should any of my personal and/or banking details change it is my responsibility to ensure that Turnberry are notified of the changes.

I acknowledge that the premium is due monthly in advance on the last day of each calendar month and if not received by Turnberry by the 15th day of the following calendar month, then this policy shall be deemed to have been cancelled at midnight on the due date.

I understand that Turnberry and the underwriters have absolute discretion as to the reinstatement of my policy(s). I am aware that a three month waiting period shall apply from the effective date of the reinstatement.

Signature of Accountholder: \_\_\_\_\_ Date: