



PRINCIPAL INSURED PERSON CHANGE

Insurer:
Lombard Insurance Company Limited
(Reg. No. 1990/001253/06) FSP no. 1596

Risk and Underwriting Managers:
Turnberry Management Risk Solutions (Pty) Ltd
(Reg no : 2007/026488/07) FSP no. 36571

Telephone: 011 677 9891
 Fax: 086 676 0777
 Physical Address: 4 Osborne Lane, Bedfordview, 2007
 Postal Address: Private Bag X2, Gardenview, 2047

Current Principle Insured person:	
Current Principle Insured person ID Number:	

Please complete and return by fax to: 086 676 0777 | Email to: admin@turnberry.co.za

Please note, it is not necessary to change the Principal membership if spouses have elected to change Principal membership on their Medical Scheme. The Principal Insured person should be changed in the event of a divorce or death of the Principal Insured person.

A. DETAILS OF NEW PRINCIPAL INSURED PERSON

Title:	<input type="text"/>	First Name:	<input type="text"/>	Surname:	<input type="text"/>	
ID Number:	<input type="text"/>	Cellphone No.:	<input type="text"/>			
Home Tel No.:	<input type="text"/>	Work Tel No.:	<input type="text"/>			
Residential or Physical Address:	<input type="text"/>				Code:	<input type="text"/>
Postal Address:	<input type="text"/>				Code:	<input type="text"/>
Email:	<input type="text"/>	Medical Scheme:	<input type="text"/>			
Medical Scheme No.:	<input type="text"/>	Option:	<input type="text"/>	Date Membership Commenced:	<input type="text"/>	
In the event of the death of the Principal Insured person in respect of the Critical Illness Benefit or Personal Accident Benefit						
Beneficiary Name:	<input type="text"/>	Beneficiary ID:	<input type="text"/>	Relationship:	<input type="text"/>	

The Principal Insured person on the Policy has changed as stated above and we request Turnberry to amend the Policy in accordance with this change. Turnberry will issue the contract in the name of the new Principal Insured person.

The banking details for monthly premium deduction will remain unchanged unless the New Debit Order Authority on the following page is completed and signed by the account holder.

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

Account Holder's Name	<input type="text"/>	Name of Bank	<input type="text"/>
Account Number	<input type="text"/>	Branch Code	<input type="text"/>

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. Please note that your debit order reference will be TMS HEALTH INS D followed by your debtor number.

I hereby request and authorise Turnberry Management Services (Pty) Ltd to draw against my bank 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 aforementioned insurance benefits. All such withdrawals from my bank account by Turnberry 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 and 4) that this authority may be ceded or assigned to a third party, if this Policy is also ceded or assigned to the third party. This authority shall continue in full force and effect until cancelled, by me, giving 31 days' written notice thereof sent to Turnberry by prepaid registered post. I understand that such cancellation may result in the cancellation of the Policy and it will not relieve me of the 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 regarded as receipt thereof by my bank.

Signature of Account Holder: _____ Date:

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 accreditation and mandate confirmation; 3) Mandatory disclosures. I hereby apply for the benefits stipulated in this document, 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 the application form 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 declaration of health and the date of acceptance of the risk whichever occurs last. I understand that any inaccurate and untrue statements or failure to notify Turnberry of a change in health prior to the acceptance 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.

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 first day of each calendar month and if not received by Turnberry by the 15th day of the calendar month, then this Policy shall be deemed to have been cancelled at midnight on the due date.

Should any of your contact details have changed, please advise us.

Signature original Principal Insured person (if not deceased) : _____

Signature New Principal Insured person: _____

Date: