



TURNBERRY UPDATE OF INFORMATION FORM

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

Broker Name:

Broker Code:

FOR OFFICE
USE ONLY

Application No.	<input type="text"/>	Client No.	<input type="text"/>
Policy No.	<input type="text"/>	Debtor No.	<input type="text"/>

Tel: 011 677 9891 | Fax: 0861 000 508 | Email: newbusiness@turnberry.co.za | Address: 4 Osborne Lane, Bedfordview, 2007

A. DETAILS OF PRINCIPAL INSURED PERSON

Title: First Name: Surname:

ID Number: Cellphone No.

Home Tel No. Work Tel No.

Residential or Physical Addresses:

Postal Addresses:

Email: Medical Scheme:

Medical Scheme No: Option: Date Membership Commenced:

In the event of the death of the Principal Insured person in respect of the Critical Illness Benefit or Personal Accident Benefit

Beneficiary Name: Beneficiary ID: Relationship:

B. DEPENDANT DETAILS

Spouse/Partner and children up to the age of 26 years who are registered on the Principal Insured person or Spouse/Partner's Medical Scheme may be added to the Policy at no additional cost

Name of Dependant		Identity Number (Date of Birth if no ID No)	Gender M/F	Relationship to Policyholder
Surname	First Name			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C. EXTENDED FAMILY COVER

Other Dependants/Extended Family registered on the Principal Insured person or Spouse/Partner's Medical Scheme may be added to the Policy for an additional premium, as detailed below

Product	Ages 26 - 64 (incl)		Ages 65 - 79 (incl)		Ages 80+	
	Rate	Number	Rate	Number	Rate	Number
PREMIER	R135	<input type="text"/>	R436	<input type="text"/>	R554	<input type="text"/>
OPTIMAL	R126	<input type="text"/>	R355	<input type="text"/>	R454	<input type="text"/>
SYNERGY	R125	<input type="text"/>	R351	<input type="text"/>	R448	<input type="text"/>
LAUNCH	R31	<input type="text"/>	R53	<input type="text"/>	R82	<input type="text"/>
MED-EXTEND	R116	<input type="text"/>	R439	<input type="text"/>	R559	<input type="text"/>

D. CONFIRMING UPDATE

Confirming update

Signature: _____ Date: