

5. DECLARATION BY PRINCIPAL MEMBER

1. I hereby apply for the Medway policy as selected in Section 2 on the previous page, in accordance with the provisions and conditions as contained in the policy contract(s).
2. I acknowledge that the level of cover and the rate at which contributions increase are not guaranteed and can be reviewed in the event of unforeseen circumstances, which materially affect the cost of providing cover.
3. I understand and agree that, subject to the waiting periods, the Insurer will only be at risk once Medway accepts this application and the first contribution is received.
4. Medway will send me the policy membership certificates and policy summaries pertaining to my product selection for me to examine. If the plan does not suit my needs, I must cancel it within 31 days of receipt, by providing written notification to Medway in order to qualify for a refund.
5. I warrant that all information given in this Medway policy application form, whether in my handwriting or not, is true and complete. I understand that any misrepresentation or non-disclosure or provision of false information can lead to cancellation of these benefits, in which case, all monies paid to Medway will be forfeited.
6. I undertake to keep Medway informed of changes to any banking details and my address to enable them to communicate with me.
7. I hereby confirm that I wish to receive the Policy Documents via Email.
8. Have you, or any of your dependants sought any advice, been diagnosed with, or treated for any of the following conditions in the past 12 months: Tuberculosis, Heart Disease, HIV/Aids, Diabetes?

Yes No

Signature (Principal Insured) _____

9. Are you aware of any condition that may require medical treatment in the next 12 months for either yourself or any of your dependants?

Yes No

If yes please give details _____

10. Have you, or any of your dependants, ever been treated for Cancer, including Melanoma or Carcinoma?

Yes No

If yes please give details _____

11. I understand that this policy will be voided should it be discovered that either myself or any of my listed dependants have previously been diagnosed with cancer.

12. Have you been a member of your current medical aid for more than three years?

Yes No

13. I understand that the premiums increase annually on 1 January. The rate of increase is usually between 8% and 12% depending on the claims experienced for all clients in the previous financial year.

Date

D	D	M	M	Y	Y	Y	Y
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6. INTERMEDIARY DETAILS & DECLARATION

Name of FSP **MEDWAY MARKETING (PTY) LTD**

FSP Number **15624**

Agent/Representative _____

Code _____

ID Number

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Telephone (W) (_____) _____

Cell Number _____

DECLARATION (to be signed by intermediary only)

1. I have explained the meaning of the replacement of an insurance policy to the applicant policy owner.
2. I am a representative of an Authorised Financial Services Provider in terms of the Financial Advisory and Intermediary Services Act, 37 of 2002 and confirm that the Applicant Policy holder has been provided with all information required in terms of the Act.
3. I declare that I am accredited to sell these Medway Products, that I did conduct a financial needs analysis and that this product is designed to fulfil the applicant's needs.
4. I further declare that all the information contained in this application was obtained from the applicant and was completed and signed in his/her presence.

Signature of Intermediary _____

Date

D	D	M	M	Y	Y	Y	Y
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Medway Marketing (Pty) Ltd is an authorised Financial Services Provider – FSP # 15624

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