



An authorised Financial Services Provider

Grooms Health Cover Application Form

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EMPLOYER'S DETAILS

Title	Surname					First Name(s)				
I.D. Number										
Postal address										
Residential address									Code	
									Code	
Tel No (H)					Tel No (W)					
Fax No					Cell No					
E-mail address										

EMPLOYEES DETAILS

Number of Employees to be covered:	(Please attach copy of the ID or passport)
Inception date:	

Surname	First Name	Cell No



Setting the trend in equine insurance.

Underwritten by Hollard.
An authorized Financial Services Provider.

FSP NO. 17491



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PREMIUM PAYMENT DETAILS

Name of Bank	
Account Holder's Name	
Account Number	
Branch Name	
Branch Code	
Type of Account	

DECLARATION

I declare that I have not withheld any material information and I accept that this application and declaration shall be the basis of the contract of insurance with The Insurer, which will become effective on the first day of the month for which premiums are received. I also acknowledge that I have requested and instructed the broker not to complete a financial needs analysis. Furthermore, I understand and accept that this instruction not to proceed with a full financial needs analysis could have the effect that all our financial needs may not be properly addressed.

DATE: _____ SIGNATURE OF EMPLOYER: _____

**DISCLOSURE NOTICE TO SHORT-TERM INSURANCE POLICYHOLDERS
IN TERMS OF THE FINANCIAL ADVISORY AND INTERMEDIARY SERVICES (FAIS) ACT, No. 37 of 2002**

IMPORTANT - PLEASE READ CAREFULLY - DISCLOSURE AND OTHER LEGAL REQUIREMENTS

(This notice does not form part of the Insurance Policy or any other document)

1. INSURER DETAILS

Name: Hollard Group Risk (HGR), a division of The Hollard Insurance Company Limited

Registration No.:	1952/003004/06	Telephone No.:	(011) 351-5000
FSP No.:	17698	Facsimile No.:	(011) 351-3221
Physical Address:	22 Oxford Road (entrance in Federation Road), Parktown, 2193		
Postal Address:	PO Box 87419, Houghton, 2041	Website Address:	www.hollard.co.za

Should you not be satisfied with the product purchased, you may lodge a written complaint with HGR at:

Address: The Operational Officer, Hollard Group Risk, A division of The Hollard Insurance Company Limited, 22 Oxford Road, Parktown, 2193 PO Box 87419, Houghton, 2041	Telephone No.:	(011) 351-2216
	Facsimile No.:	(011) 351-3221
	E-mail	HGRCompliance@hollard.co.za
	Address:	

You are entitled to a full copy of the policy on request. You are also entitled to a summary of the policy. If you have not received a summary or a full copy of the wording within 60 days, or you feel that this policy does not meet legal requirements, please write to:

Address: The Compliance Officer
The Hollard Insurance Company Limited, PO Box 87419,
Houghton, 2041

2. UNDERWRITING MANAGER DETAILS

Name: Ambledown Financial Services (Pty) Ltd (Ambledown)

Registration No.:	2004/006271/07	Telephone No.:	0861 262 533
FSP No.:	10287	Facsimile No.:	(011) 463-1600
Physical Address:	Ground Floor, Worcester House, Eton Office Park, c/o Sloane and Harrison Streets, Bryanston, 2191		
Postal Address:	P O Box 1862, Cramerville, 2060	E-mail Address:	info@ambledown.co.za
		Website Address:	www.ambledown.co.za

Should you be dissatisfied with any aspect of your insurance contract, service received as part of a general disclosure, how to lodge a complaint or of Ambledown's compliance with the FAIS Act, please refer the matter to compliance@ambledown.co.za.

Compliance Officer: Moonstone Compliance
Telephone No.: 021 883 8000

- Ambledown has an agreement with HGR authorising Ambledown to act as an Underwriting Manager whereby marketing, underwriting, policy documentation administration and claims handling is administered for Health & Accident insurance business.
- Ambledown and HGR do not have any shareholding in each other.
- Ambledown has in the last 12 months earned more than 30% of its remuneration from HGR.
- Ambledown has both Professional Indemnity and Fidelity Guarantee cover with Etana Insurance.
- Ambledown is not required to have IGF cover.

1. THE BROKER

You have the right to the following information regarding the Broker who must hold a valid license to operate under specific categories of business:

- Name, address and contact details
- Legal status
- Whether the services rendered are under supervision
- Whether the broker holds more than 10% of the Insurer's shares and/or
- Whether the broker received more than 30% of the total remuneration from the Insurer in the past year
- Whether the broker holds any form of professional indemnity insurance
- Details of complaints policy and procedures
- Details of compliance arrangements
- The Rand amount of fees, commissions or any valuable consideration payable

- Contractual arrangements with the Insurer including any restrictions or conditions

2. PREMIUM PAYMENT

Details of your Premium obligations are contained in the Policy's Schedule of Insurance and include Administration Fees, Commissions and Total Amount Due, payment dates and payment conditions.

4. OMBUDSMAN DETAILS

Short-term Insurance Ombudsman

P O Box 32334
Braamfontein
2017

Telephone No.: (011) 726-8900
Facsimile No.: (011) 726-5501
E-mail Address: info@osti.co.za

FAIS Ombudsman

PO Box 74571
Lynnwood Ridge
0040

(012) 470-9080
(012) 348-3447
info@faisombud.co.za

