



Tax Risk Insurance - Classic

Proposal and Declaration

Cover for Companies

for individuals and trusts, please complete the Cover for Individuals or Cover for Trusts proposal form

| | | | |
|---------------------------------------|--|-----|---|
| Company Name (Proposer) | | | |
| Company Registration | | | |
| Business Description | | | |
| VAT/ Tax Reference Number | | | |
| Postal Address | | | Code |
| Contact Details | (w) | (h) | (c) |
| E-mail Address | | | |
| Name of Your Tax Accountant / Auditor | | | Tel |
| Name of Your Insurance Broker | Aon South Africa (Pty) Ltd an authorised FSP 20555 | | Tel: 0860 100 404 Email: investecsales@aon.co.za |

Product

| | | | |
|-----------------------|-----------------------------|---------------------------------|---------------------|
| Product Type | Pinion Investec - Companies | Premium Payment Method | Monthly Debit Order |
| Policy Inception Date | / / 20 | | |
| Premium Payable | R | including 20% broker commission | |

Debit Order Authority

| | | | |
|-----------------------|-----------------|--|--|
| Name of Bank | | | |
| Branch | Branch Code | | |
| Account Number | Type of account | | |
| Account Holder's name | | | |

I hereby authorise the Insurer to draw against the above account the amount necessary for the payment of the monthly premiums and adjustment premiums due to the Insurers in respect of the insurance herein proposed. I agree that in the event of any debit order not being met by my financial institution the Policy will be cancelled and of no effect from midnight on the last day of that month for which the Insurer has received premium, subject to the period of grace as described in the Policy Wording.



YOUR DISCLOSURE

This Policy is dependent upon true, correct and complete information being provided to us by you. All material information, whether asked for or not must be disclosed. You may use separate pages for elaboration if required.

| | Yes | No |
|--|-----|----|
| Is the business currently undergoing an investigation by SARS? | | |
| Has the business been exposed to a SARS Tax Audit during the last 3 years? If yes, please provide details below. | | |
| Are all business taxes currently up-to-date and submitted? | | |
| Has any current tax return been filed after the deadline without receiving an extension in writing from SARS? | | |
| Is there any overdue outstanding debt with SARS? | | |
| Has the business previously applied for tax amnesty from SARS? | | |
| Has the business recently applied for a tax clearance certificate which has not been granted by SARS? | | |
| Do you know of any current reason or circumstance which could give rise to a claim under this Policy? | | |
| Please elaborate where required: | | |
| | | |

PREMIUM RATES & INDEMNITY LIMITS

The Indemnity Limit is equal to the Annual Rand Limit or the Annual Hours Limit, whichever is the lesser.

| Select your Annual Turnover category (annual turnover of the last financial year) | | | |
|---|--------------------------|------------------------------|--|
| <i>Your annual turnover last year</i> | Select | Monthly Premium | Annual Aggregate Indemnity Limit |
| Less than R 3,000,000 | <input type="checkbox"/> | R249 | R 250,000 or 50 hours, whichever is lesser |
| R3,000,000 to R10,000,000 | <input type="checkbox"/> | R390 | R 300,000 or 100 hours, whichever is lesser |
| R10,000,000 to R25,000,000 | <input type="checkbox"/> | R559 | R 500,000 or 150 hours, whichever is lesser |
| R25,000,000 to R50,000,000 | <input type="checkbox"/> | R999 | R 750,000 or 200 hours, whichever is lesser |
| R50,000,000 to R100,000,000 | <input type="checkbox"/> | R1 449 | R 1,000,000 or 300 hours, whichever is lesser |
| More than R100,000,000 | POA | What is the annual turnover? | R <input style="width: 150px; height: 20px;" type="text"/> |
| Claims are limited to 100 hours per Any One Claim Claims excess is 10% of the claim minimum R1 500 | | | |



Declaration & Protection of Personal Information Consent

I hereby warrant that all the statements included on all the pages of this Proposal From are true, accurate and complete and contain all information known to me which may affect the risk to be insured under this Policy, and that this and any other written statement made by me or on my behalf for the purpose of the proposed insurance shall be the basis of, and incorporated in the contract between myself and the Insurer. I agree to accept the insurance on the terms and conditions set forth in the Policy wording, Schedule and any endorsements as applicable.

I acknowledge that the sharing of information for insurance, underwriting and claims purposes enables the insurers to administer policies and assess risk. Tax Risk Underwriting Managers and the Insurers undertake to keep my information confidential in terms of the Protection of Personal Information Act 4 of 2013 in regard to the acquisition, usage, retention, transmission and deletion of my personal information. However, they may disclose it to certain third parties and other insurers as required for the specific purpose of insurance, and to reduce and prevent any form of fraudulent activity. On my own behalf and on behalf of any party I represent herein, I hereby give consent and fully understand the reasons to process, use, share and retain personal information for its designated purpose. A full version of the Consent to Process Personal Information is available on www.taxrisk.co.za. I have elected free choice in completing this Proposal for Insurance.

| | | | |
|-----------------------|--|------|--|
| Signature of Proposer | | Date | |
|-----------------------|--|------|--|

