

# FUNDS PROTECT PLUS BUSINESS

## APPLICATION FORM

### POLICY HOLDER DETAILS

Company Name .....

Type of Entity: Private  Close Corporation  Sole Proprietor  Public company  Partnership  Trust   
select one of the following

Registration number ..... Industry .....

Physical Address .....

.....

Contact number ..... Contact person .....

Email Address ..... Annual turnover ..... Number of Employees .....

### BROKERAGE DETAILS

*Aon South Africa (Pty) Ltd is an Authorised Financial Services Provider, FSP #20555*

Brokerage Name .....

Email Address [investecsales@aon.co.za](mailto:investecsales@aon.co.za) ..... Contact Number **0860 746 466** .....

### COVER LIMIT AND PREMIUM

*Select one option*

R 500 000 @ <input type="checkbox"/>	R 1 000 000 @ <input type="checkbox"/>	R 2 000 000 @ <input type="checkbox"/>
R 580.00 p/m	R 1 045.00 p/m	R 2 035.00 p/m
R 3 000 000 @ <input type="checkbox"/>	R 4 000 000 @ <input type="checkbox"/>	R 5 000 000 @ <input type="checkbox"/>
R 3 245.00 p/m	R 4 345.00 p/m	R 5 450.00 p/m

Inception Date ..... / ..... / 20.....

NOTE: Premiums are payable in advance. Banking details will be obtained prior to inception of your policy.

### UNDERWRITING QUESTIONS

*Please complete all questions:*

- |   | Y                        | N                        |
|---|--------------------------|--------------------------|
| 1. Does Your Business have an active, comprehensive, paid for internet security software installed on all computer systems?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have documented procedures in place for the following:  |                          |                          |
| 2.1. The vetting of new vendors/customers/payees?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2. To verify new beneficiaries loaded onto your business's banking profiles for funds transfers?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3. To verify requests to amend existing beneficiary payment details?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you utilise account verification services offered by your bank or a third party?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If you have answered no to question 3, would you like to access Phishield's bank account verification services (for South African bank accounts only)?     | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has your computer systems been breached in the last 24 months? If yes, please provide details  | <input type="checkbox"/> | <input type="checkbox"/> |
| .....   |                          |                          |
| 6. Have you previously experienced a loss for an event covered under the Funds Protect Trust Business Policy? If yes, please provide details of loss suffered | <input type="checkbox"/> | <input type="checkbox"/> |
| .....   |                          |                          |

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### BANK ACCOUNT DETAILS

Bank name .....

Account name .....

Account number .....

Branch name ..... Branch code .....

Account type ..... Debit date .....

I, the undersigned, hereby authorise the appointed collection agent to deduct the premiums on behalf of the Insurer starting on the inception date or the next business day. Deductions from my account will be treated as though they have been signed by me personally. I acknowledge that premiums are collected in advance and not arrears and that cancellation of this debit order will not automatically cancel the policy. I understand that it is my responsibility to ensure that premiums are received by the Insurer. I acknowledge in the event of failed / rejected debits I may incur additional charges as levied by my bank for which I will be responsible for. I also understand that I cannot reclaim any amounts which have been withdrawn from my account in terms of this authority and mandate if such amounts are legally owed.

Signature of Policy Holder ..... Date .....

### PROTECTION OF PERSONAL INFORMATION

We at Phishield UMA (PTY) Ltd, respect your constitutional right to privacy. We are committed to and bound by the terms and provisions of the Protection of Personal Information Act 4 of 2013 ("POPIA") regarding the acquisition, usage, retention, transmission and deletion of your personal information. We will check and validate the information you provide through legal means. We have high level security measures in place to protect your personal information.

Your personal information herein collected is for the primary purpose of providing you with insurance cover and for all other activities and processes incidental to and relevant to this purpose. Your information shall be kept confidential, however, we shall disclose it to certain third parties as required and other insurers for the specific purpose of insurance and to reduce and prevent any form of fraudulent activity. Sharing of information includes, but is not limited to, information sharing as arranged via the South African Insurance Association.

You hereby give consent and fully understand the reason for Phishield UMA to process, use, share and retain your personal information for its designated purpose and you confirm the accuracy of the information. You may request Phishield to amend, update, change or correct your personal information processed by us by sending a request to our offices on the following email address [lilian@phishield.com](mailto:lilian@phishield.com) For a full version of the Consent to process Personal Information is available on this link [www.phishield.com](http://www.phishield.com) for download.

Should you decide to cancel this insurance contract you further consent to Phishield UMA retaining the information in line with the legally permitted retention period, for statistical and reporting purposes only. Should you decide not to accept the proposal, the information collected, will be de-identified and only used for statistical and research purposes.

### POLICY HOLDER DECLARATION

I, the undersigned have made an informed decision to take out this policy without the benefit of a full financial needs analysis. Further, I warrant that I have taken note and understand the cover limits and the limitations of this policy.

I understand that this is an application for a binding insurance contract on the intermediary and myself and no further acceptance of terms and conditions or any other documents will be necessary for this contract to become binding other than the provision of bank details for premium collection. I further declare that all the information entered by me on my behalf is true and correct and should any further information be required, I will make this available to the Insurer as necessary for my policy or any query related to the policy. I am in no way entering this agreement with the knowledge of un-disclosed event or expected future event.

I understand that any misrepresentation, concealment of facts and/or non-disclosure in respect of information provided herein shall render my claim and policy null and void.

Signature of Policy Holder ..... Date .....