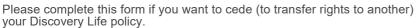
Life insurance: Cession form





Contact us					• • • • • • • • • • • • • • • • • • • •		
Tel: 0860 00 54 33, PO Box 3888, Rivor	nia 2128, www.disco	overy.co.za					
For which policy type would you like to	cede your rights?	Life Plan		Business Life P	lan	Dollar Life Plan	
How to complete this form							
 All details must be completed in blace The form must be completed and sige If the policyholder/cedent was married Discovery Life does not accept responsion If the cedent is a trust, company, clost form to enable us to record the cessing Proof of account must accompany all This must be in the form of a cancell made with management approval and Please email the form to discoverylife 	ned by the cedent d in community of possibility for the valings corporation or of on. I changes of debit conduction the conduction the condition the conduction the conduc	(the cedent is the property after 1 Notes af	e police Novement on. on, the se ndividual bank se over are	y owner), the cessionar ber 1984, the policyholo signatory must send writ uals, company or trust o tatement (not older that e the same.	der/cedent's tten proof o wned polici	s spouse must sign this for f his or her authority with the es and THIRD PARTIES.	his
1 What is a cession?							
A cession is a transfer of rights, title and The cedent of the policy is the current p There are two types of cession: 1. Absolute cession 1.1. All rights to the policy are perma 1.2. The cessionary takes ownership 2. Collateral cession 2.1. The rights to death, severe illnes obligation. 2.2. While the debt or obligation rembut cannot deal in any way with ownership automatically reverts 2 Make sure you send these doc We can only record this cession when w Cedent and Cessionary Requirement Cedent and Cessionary Natural Person	nently transferred. To of the policy and is as and disability be ains unpaid or outs the policy without to to the cedent. Touments we have received the	ansfers the right The cedent has s liable for the principal terms of the policitanding the cede he permission of the permission form.	no fur remiur cy are ent ren f the c	ther rights over the polices on the policy. transferred to a third parains the owner of the pessionary. When the definition in the table below	cy and canr arty as secu policy and re ebt or obliga	not deal with the policy. rity for an unpaid debt or esponsible to pay premium	IS
Trust (where applicable, cedent and cessionary requirements)	A stamped letter of updated).	t deed (stamped of authority from letter authorising	the ma	ession or authorising or	only application	able if trustees have been o effect the cession on	
Company (where applicable, cedent and cessionary requirements)	A completed cess A copy of the com A company resolumember to effect	npany registratio ition letter, on a	compa		ng the cess by all active	sion or authorising one acti e members.	ve
3 Important information to note							
No absolute cessions will be allowed Integrator Funds except in the following a. Where the life assured who is the b. Where the policy is ceded to a sport	ing circumstances: policy owner, cede	s ownership to h				the Cover and Financial Yes No Yes No	

Please indicate in the tick box above if your cession requirement falls into any of these categories.

- 2. No absolute cessions will be allowed on Life Plans with the Discovery Retirement Optimiser.
- 3. In the case of an absolute cession, the prior beneficiary nominations made by the cedent will fall away and may be replaced by the beneficiary nominations of the cessionary, if any. If no beneficiary nominations are made by the cessionary then any proceeds payable on the death of the life assured (death benefits) will be paid to the estate of the cessionary (if the cessionary and the life assured are the same person) or to the cessionary as the owner. Benefits other than death benefits will be paid to the cessionary.

LSFLIC001 30.10.2023

- 4. On collateral cessions, the ceded life cover value will be comprised of the basic Life Fund, Cover Integrator Fund and Financial Integrator Fund.
- 5. Policyholder/policy owner are used interchangeably and is not necessarily the same person as the life assured.
- 6. Any policy PayBacks and/or Buy-up Conversion payments will only be made to the policy owner.
- 7. Principal PayBack Fund payments on Business Life Plans will be made as follows:
 - 7.1. To the life assured if the policy is for buy and sell purposes and is not owned by the life assured's employer.
 - 7.2. To the policy owner if the policy is for key person or contingent liability purposes, or if is for buy and sell purposes and is owned by the life assured's employer.
- 8. No absolute cessions will be allowed on Dollar Life Plans.
- 9. For the Dollar Life Plan, you may only cede your policy collaterally to an off shore bank.
- 10. The Dollar PayBack Fund will not form part of any collateral cession agreement on the Dollar Life Plan.
- 11. The Principal PayBack Fund and Overhead Expenses Benefit will not form part of any collateral cession agreement on the Business Life Plan.
- 12. All terms and conditions agreed to by the cedent will apply to the cessionary in the case of an absolute cession.
- 13. If a policy is absolutely ceded and there is an Income Continuation Benefit included in the policy, there could be adverse tax consequences. Please make sure you seek tax advice.
- 14. In the event of a life-changing event that reduces the Life Fund and while there is still an obligation to the cessionary, the payment will first be effected to settle any outstanding amounts owed to the cessionary. Any surplus amount will then be paid to the cedent or cedent's beneficiary as the case may be.
- 15. The Global Education Protector, Global Health Protector, Health Plan Protector, Income Continuation and Overhead Expenses Benefits and PayBack will not form any part of a collateral cession agreement.

4 Details of policyl	nold	ler	(ce	den	t)																													
Policy Number																				Е	Effe	ctiv	e D	ate	Y	Υ		Υ	Υ	M	M	D	D	-
Full names of policyholder																																		
Contact number						-																												
Email address																																		
Postal address																																		
				Ī	Ì	İ	Ī	i						İ		Ì	i			Ì	i						С	ode	,	Ī	Ī	Ī	Ī	
				_																				_					_	_				_
I confirm that I am the policy as I have set of	po	licy	holo	der	of the	his	cor	ntra	ct	of i	ทรเ	ıran	ce a	and	l tha	ıt I	wis	sh t	o ti	ran	sfe	r (c	ed	le)	my	rig	ht	s, t	itle	and	ni k	tere	st i	in t
policy as I have set of	ut III	1 56	CLIO	11 5.	2 10	LITE	: 06	:55	1011	ат у	""	3 6 6	lioi	1 5.	1 110	7111	LITE	<i>:</i> en	ec	LIVE	; uc	ate.	1											
Signed at (town or city)																																		
Signature of cedent																							_) o t c	ΙY		/	Υ	Y	M	IM	1 D] (D
or for cedent																							L)ate	_									
Signature of spouse																																		
(if married in community of property after 1984)																																		
Please refer to the Add	endi	um t	to th	e Al	bsol	ute	Ces	ssic	n f	orm	for	· mu	ltiple	e oı	vnei	rs																		
5 Details of cession	nary	/																																
5.1																																		
All entities must be capUnregistered compaAny legal entity othe	nies	or c	lose	cor	por	atio	ns				-																							
Surname																																		
First name/s				Ī	Ì	Ì																				i			T	T	T	i	T	
Initials																																		
Title												Sex	N	1		F					Da	ite (of b	oirth	ı Y	Υ		Υ	Υ	M	M	D	D	
ID or passport number																	(P con	ass npu	po	rt e	xpir f pa	ry c	late por	t	ĺ								
Nationality (compulsory)																			r	lum	iber	pro	OVIC	jea) 									
Country of birth																Ī	Ì																	
Company or trust name																																		
Company registration number						Ī	Ī																											

Page 2 of 10

Reference or bond number																																
Trust tax reference no.																																
Country of registration																																
Postal Address													Ī	Ī				Ì		i	Ì				Ì	Ì				Ī		
																										Co	ode			Ī		
Residential Address	s																															
(compulsory)	ı																															
Suit/Unit number		<u></u>																														
Complex Name																																
Street number																																
Street name																																
Suburb																																
City																									Ì							
Region														Ī				Ì							Ì							
				С	ode							Te	elepl	hone	(H	D			T			_										
Telephone (W)						_									`	<i>'</i>						Į.										
Fax						_									(Cellph	one	וות ב	mh	ar				_								
Email address																Jelipi	10110	, 11G	IIID						L							
Relationship to				1	1								1				1	1							_						1	<u> </u>
principal life Nominated occupation		<u> </u>	<u> </u>	1	1													<u> </u>							+	_			<u> </u>	<u> </u>		
(compulsory)																														<u> </u>		
Industry of operation or	CITIC	noyi	TICITI	L (CO)	iiipui	sory)																										
Are you a domestic pror	mine	nt ir	nflue	ntia	l per	son	fore	eign	pror	nine	ent p	ubli	c off	ficial	(C0	ompu	ılsoı	ry)										Yes			No	
Source of funds and v	weal	lth (plea	ase	sele	ect a	СО	de f	rom	the	e lis	t pr	ovic	ded	be	low)																
Source of funds (compuls			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									-				,											Sel	ectio	on c	ode		
Source of wealth (compu	,																											ectio				
01. Salary*	,		2. Pe	ensi	on				03	Sel	f-em	nnlo	ved			04.	⊃wr	n hi	sin	222			05	5.5	Sale			sine				
06. Retirement annuity			7. Do			Gift				Re		ipio.	you			09.												clair				
11. Allowance			2. Sa				tv				e of	veh	icle			14.	nhe	rita	nce									ice/		ionv	,	
16. Tax rebate			7. Sc		•		,			Во						19.). L						,		
21. Sale of shares			2. Le		_		ent		23.	Sa	vings	S																				
*not available for source of																																
Does your industry inclu	ıde i	mpc	ortino	g or	exp	ortin	g go	oods	ors	serv	ices	(cor	npul	sory)													`	Yes			No	
5.2 Purpose of cession (Tick relevant block) Personal Assurance	n		1																													
(This applies where the principal life and the po (For the Dollar Life Plan collateral security only.) Business Assurance	licy i	is ce	eded	las	colla	atera	ıl se	curi	ty o	nly).											-											
If Business Assurance,	plea	ıse s	⊥ sele¢	ct or	ne of	the	foll	owin	g op	otior	ns be	elow	/:																			

	.,									_
Buy and sell	Keyperson		ingent liabilit				ther bus			
premium. I also understand that B	is of the policy contract, Discovery may usiness Assurance is a factor which affe cept that the policy premiums will be inc	ects the premium p	' payable. If th							
Signed at (town or city)										
Signature of cessionary				Da	ate	Y Y	Y M	M	D D	
5.3 If the Cessionary is	a financial institution									
Financial institution auth	orised signatory name									
Financial institution auth	orised signatory contact number		-							
Financial institution auth for receipt of legal notice										
6 Details of cession		·	and all (Dans	d/Dallanan						
Type of cession	On the life of	Amount to be o	eded (Ran	d/Dollar an	nount	or per	centage	∍.) ———		_
Absolute (Not available on a Dollar Life	Plan)	100%								
Collateral	Principal life (life fund)	R or \$					or		%	
	Spouse (life fund)	R or \$					or		%	
7 Type of cessionar	y (complete for absolute cession	s)								
ls the cessionary a: (Ticl	relevant block)									
Company	Non-taxable in:	stitution		Natural pe	erson					
Retirement fund	Sole proprietor			Partnersh	ip					
Trust with natural persor	as a beneficiary Trust with com	pany as a benefici	iary	Trust with as a bene			nstitutio	n		
Close corporation					,				_	
8 Discovery life priv	vacy statement (only applicable in	n the case of ar	n absolute	cession)						

When you engage with Discovery, you are entrusting us with your personal information. We are committed to protecting your right to privacy and keeping your information safe. Our Privacy Statement tells you how we collect, use and share your personal information, including personal information about your spouse, employees, dependents, beneficiaries and lives assured, where applicable. You can view our Privacy Statement on our website by following the path: www.discovery.co.za/corporate/privacy/

Alternatively, you can request a copy of the Group Privacy Statement by emailing privacy@discovery.co.za

By signing this application form and its annexures, you agree to, and understand the terms and conditions of the contract and our Privacy Statement.

9 Cessions form - terms - health information

You give us permission to obtain your health and other information

- 1. Discovery Life needs information about you and persons assured for cover under a policy obtained by you from us.
- 2. The information is required to enable us to assess and underwrite the risk of insuring you and the other lives assured for cover, to administer your policy, consider and assess any claims you make, verify and determine your benefit entitlements, risk analysis, debt recovery and to resolve any matter pertinent to your policy and related products obtained by you from other entities within the Discovery Group like Discovery Card, your Discovery Bank account, Discovery Insure and the Managed Care Integrator.
- 3. The type of information required includes (and is not limited to your personal details (name and identity number) contact details and information about your health (such as HIV status, pathology results, Vitality Health Check results) lifestyle, finances, credit history and worthiness, employment details, utilisation and repayment on your Discovery Card and any other information deemed necessary for the purpose set out in clause 2.
- 4. By signing this application form, you acknowledge and consent to us obtaining information about your (and the persons assured for cover) from Discovery Health (Pty) Ltd, Discovery Health Medical Scheme, Discovery Vitality (Proprietary) Limited, registration number: 1999/007736/07, and or Discovery Bank Limited and instruct and authorise any other person or entity with such information (such as any healthcare provider that has been consulted with, has conducted a test or has collected information or any other financial services provider who has the information) to provide us with the information for the purpose set out in clause 2.
- 5. Discovery Life may be required to share the information in our possession about you and the persons assured for cover under a policy obtained by your form us for the purpose set out in clause 7.2 above or in terms of any consent or instruction you may have provided to any other person or entity. By signing this application form, you authorise Discovery Life to do the following

- 5.1. Provide your personal and health information and that of your dependants to any other entity within the Discovery Group where you or your dependants already have a relationship or where you or your dependants have applied for a product or benefit. This information will be provided for the administration of your or your dependants, products or benefits.
- 5.2. Provide your personal information as stated in this application or in any related document with other assurers and re-insurers. This authority extends to sharing such information directly with an assurer and through any database for assurers at any time (even after your death) and in any form, including detailed, abbreviated or coded form. This also includes sharing of information on industry registers such as ASISA and ASTUTE. You are aware that you may request access to the information shared by Discovery Life on such industry registers.
- 6. In relation to your financial adviser, you authorise Discovery Life to do all of the following
 - 6.1. Tell your financial adviser the value of your Health Fund and information about your Health Integrator (as defined by Discovery Life)
 - 6.2. Give your financial adviser the policy information, including your personal and health information, necessary to ensure the efficient administration of your policy and to ensure that we comply with all relevant legislation
 - 6.3. Share your health information with your financial adviser during any underwriting process
- 7. In the event that the Managed Care Integrator applies to your policy, you and your spouse consent that your special personal information (health information) may be used for purposes of administering the Managed Care Integrator. You and your spouse also consent to such information being shared with the policy owner and your financial adviser.

8. The consent given i											ior	n, shall	cont	inue a	ıfter y	our/	de	ath.								
Signed at (town or city)																										
Signature of cessional	ry															Da	ite	2	YO	Υ	Υ	М	М	D	D	
Signature of spouse (if married in community of property after 1984)																										
Nomination of bei	neficiar	y (al	osolu	te ce	ssion	s on	ly)																			
Note: No beneficiaries can and policy owner are the s		ated fo	or the B	usiness	Life Pla	an. Pro	oceeds	s are	paid	to the	ро	licy own	er. Ex	ceptio	ns may	y app	ply t	ο Βι	ısine	ss P	lans	wher	re the	e prir	ıcipal	life
I, the cessionary, appo Global Education and	oint the fo	ollowi lealth	ng ber Bene	neficia fits).	ry or b	enefi	ciarie	s to	rece	ive tl	ne	death l	oene	fits of	the p	rinc	cipa	l life	e ur	der	the	poli	су (е	эхсе	pt	
Natural person		Re	elations	ship to	owner	-																				
First name											Sı	urname	9													
Title						S	Sex	M		F			D	ate of	birth		D	D	M	M	Υ	Y	Y	Y		_
ID/Foreign passport number													F	Percer	itage	sha	are					Ĺ	İ	%	D	
Natural person		Re	elations	ship to	owner	-																				
First name											Sı	urname	9													_
Title						S	Sex	M		F			D	ate of	birth		D	D	M	M	Υ	Y	Y	Y		_
ID/Foreign passport number													F	Percer	itage	sha	are					Ĺ	İ	%	D	
Natural person		Re	elations	ship to	owner																					
First name											Sı	urname	9													
Title						S	Sex	M		F			D	ate of	birth		D	D	M	M	Υ	Υ	Y	Υ		_
ID/Foreign passport number													F	Percer	itage	sha	are					Ĺ	Ĺ	%	D	
Natural person		Re	elations	ship to	owner	-																				
First name											Sı	urname	•													_
Title						S	Sex	M		F			D	ate of	birth		D	D	M	M	Υ	Υ	Y	Y		_
ID/Foreign passport number													F	Percer	itage	sha	are				Ţ.	Ĺ	Ĺ	%	, D	
Legal entity	F	Perce	ntage	share						%		Rela	itions													
Type of legal entity	Compan	у								С	los	se corp	orati	on	Tr	ust	with	n na	tura	al pe	rso	n as	ber	nefic	iary	
	Trust wit	th cor	mpany	as a		Tru	ıst wi	th n	on-ta	ixabl	e ir	nstitutio bene	n as eficia	a						Nor	า-ta:	xabl	e in	stitu	tion	
	Sole pro	•	or ¹									Partr			Inte	erna	itior	nal t	rus	t witl	h na	aturə	ıl pe ben	rsor efici	n as ary	
	Internati	onal o	compa	ny					Int	erna	tior	nal four	ndati	on												

Page 5 of 10

Name

Sole Proprietor Owne	D number
Trust/Registration/CC	number
¹ Sole proprietor Owner I	number required for this type of legal entity
	Persentege chare 9/ Relationship
Legal entity	Percentage share
Type of legal entity	Company Close corporation Trust with natural person as beneficiary
	Trust with company as a beneficiary Trust with non-taxable institution as a beneficiary Non-taxable institution
	Sole proprietor ¹ Partnership International trust with natural person as beneficiary
	International company International foundation
Name	
Sole Proprietor Owne	D number
Trust/Registration/CC	number
¹ Sole proprietor Owner I	number required for this type of legal entity
Estate	Percentage share %
Testamentary trust	Testamentary Trusts name
Percentage share	Tax reference no.
Testamentary trust	Testamentary Trusts name
Percentage share	. Tax reference no.
Note: No beneficiaries ca and policy owner are the	int the following beneficiary or beneficiaries to receive the death benefits of the spouse life under the policy (except Global
Natural person	Relationship to owner
First name	Surname
Title	Sex M Date of birth
ID/Foreign passport number	Percentage share %
Natural person	Relationship to owner
First name	Surname
Title	
ID/Foreign passport number	Percentage share %
Natural person	Relationship to owner
First name	Surname
Title	Sex M F Date of birth D D M M Y Y Y
ID/Foreign passport number	Percentage share
Natural person	Relationship to owner

First name		Surname
Title ID/Foreign		Date of billi
passport number		Percentage share %
Legal entity	Percenta	ge share
Type of legal entity	Company	Close corporation Trust with natural person as beneficiary
	Trust with company beneficiary	as a Trust with non-taxable institution as a Non-taxable institution
	Sole proprietor ¹	Partnership International trust with natural person as beneficiary
	International compar	· —
Name		
Sole Proprietor Owne	r ID number	
Trust/Registration/CC	number	
o .	number required for this	vpe of legal entity
		,, ,
Estate		Percentage share
Testamentary trust	Testame	
Percentage share	Trusts r	% Tax reference no.
- Crochtage share		76 Tax foldione no.
Testamentary trust	Testame Trusts r	
Percentage share		% Tax reference no.
dependants, after a p You confirm that whe given you permission agent in order for the Please note that trac communicated to you In the event that we a	rescribed period. n you provide Discove to disclose that inform to help us trace you ing fees will be deduct upon request. are able to locate you	tact details provided, we are required to contact a tracing company to trace you, your beneficiaries of ery with personal information about any dependant or beneficiary in respect of this policy, they have mation to Discovery. This includes their permission to share their personal information with a tracing 1, your dependants or your beneficiaries. Ited from the unclaimed benefit amount. This is subject to change over the policy term and will be your beneficiaries or dependents and pay the claim, market related interest will be added to the ne payable to date of payment.
Signature of cessions		
If you have decided to the proceeds of the guardian. Are you aware of the When the minor to the proceeds will the proceeds court the proceed court the proceeds cou	ne policy will pay into who this will be? If the rns 18, they will have be a deemed asset in Id be better protected	eneficiaries s a beneficiary on this policy, please be aware of the following risks: a bank account in the minor's name. These proceeds will be under the control then of the minor's re is no guardian appointed there is also a risk of the proceeds being paid into the Guardian's Fund. full control of any proceeds still remaining, and authority to do whatever they want with them. In the estate for estate duty purposes. In and still utilised for the benefit of the minor by paying into a trust. Ciding to nominate a minor as a beneficiary.
I/we have read and u	nderstood the note in	cluded in the beneficiaries section of this form regarding nominating minor's as beneficiaries.
Please note that a be	-and-sell or compareneficiary nomination iscuss this with your	is not appropriate if this policy is for the purpose of a buy-and-sell or company owned policy. Please
10 Payment deta	ils, authority and r	nandate
10.1 Payer details		
Natural person		Non-taxable institution Retirement fund
Sole proprietor		Company
Close corporation		Trust with natural person as beneficiary Trust with company as beneficiary
Trust with non-taxabl as beneficiary	e institution	

Surname of payer																														
First names																														
Initials						-	Title					;	Sex	М		F		ı	Date	e of l	oirth	Υ	Υ	Υ	Υ	М	M	D	D	
Company/Trust name																														
Company registration number																												·		_
ID or passport number														E add	mai ress															
Callabana																														
Cellphone Company or trust				_									ı			ı	ı		ı			l	ı		ı					
contact person name Postal address																														
ls your postal address a	stre	eet a	addr	ess						Yes			No																	
If Yes:												-																		
Suite/unit number							Cor	nple	x na	ame																				
Street number							9	Stree	et na	ame																				
If no:																														
Post collected from	Suit	e		Po	stN	et S	uite			PO I	Вох			Priva	ate l	Bag		Nur	nbe	r										
Please complete for stre	eet a	and	post	ado	dres	s:	ı	ı	ı	ı	ı	ı	ı			ı	ı		ı			ı	ı	ı	ı		ı	1		ı
Suburb					<u></u>															<u></u>	<u></u>				<u></u>	<u></u>				
City																														
Region																								C	Code					
Please capture the fol	llow	ing	deta	ails	for	the	resi	oons	sible	е ре	rso	n, if	the	pay	er i	is a	Non	-na	tura	al er	ntity	:								
First names																														
Surname																											Ì			
ID or passport number																		I	Date	of I	oirth	Υ	Υ	Υ	Υ	M	M	D	D	
This is the account the to collect the premiur You must inform us it If you do not select a double premium from	nat w m. D f you spe n you	vill b isco ur ba cific ur ba	e de overy ankir c cor ank a	ebite / Life ng d nme acco	ed fo e wil etail ence ount	r the Il no s ch mer on y	e pol t be ang nt da /our	lega e. te, a first	ally r and mo	we a	onsi activ / del	ble i ate bit o	f you the o	ontr day	oplie act , if t	betv bat	s wit	th in	cori	rect t an	ban d the	king e 10	det)th c	tails. of the	e mo					
Source of funds (compuls		(pioc		0010	, , ,						, p	,,,,	001 1	, , ,	,									Se	lect	ion	code	,	
Source of wealth (comput	,	.\																										code		
· · ·	isory	,	o D						00	0 - 1	c					\1 C		L	·	_		0	- 0	ale o				Code		
01. Salary*		-	2. P			O:#				Sel		ibio	/eu)wn			S										
06. Retirement annuity					tion/					Rer		1 .					comi							sura						
11. Allowance						oper	ty			Sal		veh	icle				heri								enai	nce	/Alir	nony	'	
16. Tax rebate					I gra					. Bor					1	9. 8	Sale	ot a	sse	ts		20	0. Lo	oan						
21. Sale of shares	14		2. Le	egal	sett	leme	ent		23.	Sav	/ings	6																		
*not available for source of Accountholder name	wealt	in 																												
Bank name																			<u> </u>						<u> </u>	<u> </u>]
					<u> </u>			<u> </u>	 	<u> </u>	<u> </u>	 	<u> </u>			<u> </u>											1]
Branch name			 			 			<u> </u>			<u> </u>										ı	ı	ı	ı		ı	1		ı
Branch code			-			-			-				Α	CCO	unt	num	ber													
Account type Current			Т	rans	mis	sion				Savi	ngs																			

Monthly payment/Debit ord	ler date
Current monthly premium	R .
	ses depend on the selected Life Plan. The debit order collection will be adjusted each year, Discovery Life will notify the policyholder he increased premium and benefits.
Salary date	
Please note that your monthly	payments/debit order will be on the salary date provided.
Should you prefer your month	lly payments/debit order to be on another day, please provide the date.

Payment beneficiary details

To: Discovery Life Limited, Registration number 1966/003901/06 (Discovery Life)

Abbreviated name as registered with the bank: DISCLIFE

Beneficiary Address: Discovery Life, P O Box 3888, Rivonia 2128

The reference on your bank statement will be DISCLIFE, followed by the policy number.

If your debit order collection is grouped with other collections debited on the same day from the same account, the Entity number will be used instead.

Requirements for the amendment of bank details

Accountholder Role	Requirements
Natural person	Proof of account in the form of a cancelled cheque, letter from the bank or bank statement (not older than six months).
Accountholder is a Trust	A copy of the trust deed (stamped by the master of the High Court). A stamped letter of authority from the master of the High Court (only applicable if trustees have been updated). A trust resolution letter authorising the update or authorising one trustee to effect the change on behalf of the trust, signed by all trustees. All trustees or the appointed trustee are/is required to sign the form. Proof of account in the form of a cancelled cheque, letter from the bank or bank statement (not older than six months).
Accountholder is a Company	A copy of the company registration documents. A company resolution letter, on a company letterhead, authorising the update or authorising one active member to effect the change on behalf of the company, signed by all active members. All active members or the appointed member are/is required to sign the form. Proof of account in the form of a cancelled cheque, letter from the bank or bank statement (not older than six months).

I/we, the undersigned:

- 1. Warrant that the account information I/we have provided above is an account in my/our name and that the information furnished by me/us in this Authority and Mandate is true and correct;
- 2. Authorise Discovery Life to issue and deliver payment instructions to my/our bank, recorded above, for the collection by Discovery Life from the bank account (or any other bank or branch to which I/we may transfer our account) any amounts due under or in terms of this Policy on condition that the sum of such payment instructions will never exceed my/our obligations as framed in the Policy and which shall commence on (date from which the new banking details apply) and shall continue until this Authority and Mandate is terminated by me/us by giving Discovery Life no less than 20 ordinary working days written notice thereof or immediately in the event that I/we instruct my/our bank to withdraw this Authority and Mandate.
- 3. Confirm that the payment instructions mentioned above must be issued and delivered on the day that I/we have nominated ("payment day") and thereafter on the same day in each and every successive month. If the payment day falls on a Sunday or recognised South African public holiday, the payment day will automatically be the next working day;
- 4. Payments in December may be debited against my/our account on the nominated payment day and I/we understand that it is my/our responsibility to ensure that I/we have funds available.
- 5. Authorise Discovery Life to track my/our bank account and re-present the payment instruction referred to above in the event that there are insufficient funds in my/our bank account to meet my/our obligations under or in terms of this Policy;
- 6. Authorise Discovery Life to obtain and provide any information about me/us from any one or more of the following:

any credit bureau;

any life assurance or credit providers' industry association

any other association of an industry in which we operate

- this includes information related to creditworthines's, credit history, financial history, personal information, judgment history and default history.
- 7. Acknowledge that my/our bank will treat each payment instruction to pay premiums or amounts due under this Agreement to Discovery Life as if each payment instruction came from me/us personally as the accountholder. This includes information related to creditworthiness, credit history, financial history, personal information, judgment history and default history;
- 8. Undertake to advise Discovery Life in writing of any changes to my account details and acknowledge that Discovery Life will not be held responsible or liable for any claim, loss or harm that I/we or any third party may suffer as a result of me/us providing incorrect banking details herein or if the bank account is in the name of another person or entity or as a result of my/our failure to notify Discovery Life of a change in banking details herein or if the bank account is in the name of another person or entity or as a result of my/our failure to notify Discovery Life of a change in banking details or if the bank account has insufficient funds to meet my/our obligations under or in terms of the Policy.
- 9. Know and understand that this Authority and Mandate may be ceded, assigned or made over to a third party if the Policy or a part thereof is also ceded, assigned or made over to that third party. In the absence of such assignment or cession of the Policy, this Authority and Mandate cannot be ceded, as signed or made over to a third party;
- Know and understand that the withdrawals hereby authorized will be processed through a computerized system provided by South African banks. The details of each withdrawal from my/our bank account will be printed on my bank statement and must show the abbreviated user code 'DISCLIFE' and the Policy number of the Policy inserted in the policy schedule so as to enable me/us to identify this Policy;
- 11. Acknowledge that although this Authority and Mandate may be terminated by me/us, such termination may not necessarily terminate this Policy/Life Plan Contract. In the event of such termination I/we are not entitled to any refund of any premiums or amounts due that was withdrawn by Discovery Life whilst this Authority and Mandate was in force if such premiums or amounts were legally owing to Discovery Life in terms of the Policy:

12.	Acknowledge that by signing	g this Authority and Mandate	I/we are bound by the	payment terms ap	plicable to this Policy.

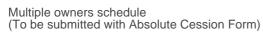
Signature of accountholder	Date Y Y M M D D
----------------------------	------------------------------

Second signature (if applicable)	
11 Banking details	for payments (Health Dividends or PayBack Benefit)
This is the bank accourare not the same amou	nt that will receive the PayBack benefit. Please only complete the bank account details if the payer and the policy owne nts.
Name of accountholder	
Bank name	
Branch name	
Branch code	Account number
Account type	Current/cheque Transmission Savings
12 Payment details	for the Principal PayBack Fund on the Business Life Plan (absolute cessions only)
This is the bank accourt owner are not the same	nt that will receive the Principal PayBack Fund benefit. Please complete the bank details if the payer and the policy
Name of accountholder	
Bank name	
Branch name	
Branch code	Account number
Account type	Current/cheque Transmission Savings

Please note:

Payouts from the Principal PayBack Fund will be made according to point 7 in Section 3 of this document. Please refer to the Policy Schedule for more details.

Addendum to the Absolute Cession form





Policy Details

1 Current Policyho	ldeı	r's	deta	ails	(Ce	ede	nt)																	
Policy Number																								
Full names of policyholder																								
Contact number						-																		
Email address																								
Postal Address																								
																			(Code	е			
Signed at (town or city)																								
Signature of cedent or for cedent																Da	te	Υ	Υ	Υ	M	M	D	D
Signature of spouse (if married in community of property after 1984)																								
Policy Number																								
Full names of policyholder																								
Contact number						-																		
Email address																								
Postal Address																								
																			(Code	9			
Signed at (town or city)																								
Signature of cedent or for cedent																Da	te	Υ	Υ	Υ	M	M	D	D
Signature of spouse (if married in community of property after 1984)																								
Policy Number																								
Full names of policyholder			Ĺ					Ĺ																
Contact number						-																		
Email address						_					_													
Postal Address																								
																			(Code	е			
Signed at (town or city)							Ĺ				Ĺ	Ĺ	Ĺ											
Signature of cedent or for cedent																Da	te	Υ	Υ	Υ	M	M	D	D
Signature of spouse (if married in community of property after 1984)																								

Policy Number																										
Full names of policyholder																										
Contact number					-																					
Email address					_						_															
Postal Address																										
											İ	Ī	Ī	İ		Ī	Ī				(Code		Ī		
Signed at (town or city)													Ī	İ										Ī		
Signature of cedent or for cedent						•												Dat	e Y	Υ	Υ	Y	M	M	D	D
Signature of spouse (if married in community of property after 1984)																										
Policy Number																										
Full names of policyholder																										
Contact number					-																					
Email address	-	1	1	1	_		1			-																
Postal Address																										
												Ī		Ī			Ī					Code		Ī		
Signed at (town or city)												Ī		Ī										Ī		
Signature of cedent or for cedent									<u>'</u>									Dat	e Y	Υ	Υ	Υ	M	M	D	D
Signature of spouse (if married in community of property after 1984)																										
Policy Number																										
Fuḷḷ nạmes of																										
policyholder Contact number					-																					
Email address																										
Postal Address																										
																						Code		1		
Signed at (town or city)																	_									
																			l _v	l _v	lv.		l.	l.	<u> </u>	l _D
Signature of cedent or for cedent																		Dat	e ľ	Y	Y	Y	M	M	D	D
Signature of spouse (if married in community of property after 1984)																										
Policy Number																										
Full names of policyholder																										
Contact number					-																					
Email address					_				 		_															
Postal Address																										
		i	i	İ			i					1		1	1	1	_	_		1	-	_	_	_	+	1
																					(Code				

Signature of cedent or for cedent																		[Date	e Y	Υ	Υ	Υ	M	M	D	D	
Signature of spouse (if married in community of property after 1984)																												
Policy Number																												
Full names of policyholder																												
Contact number						-																						
Email address																												
Postal Address																												
																						C	Code					
Signed at (town or city)																												
Signature of cedent or for cedent																		[Date	e Y	Υ	Υ	Υ	M	M	D	D	
Signature of spouse (if married in community of property after 1984)																												
Policy Number																												
Full names of policyholder																												
Contact number						_																						
Email address																												
Postal Address																												
																						C	Code					
Signed at (town or city)																												
Signature of cedent or for cedent																		[Date	e Y	Υ	Υ	Υ	M	M	D	D	
Signature of spouse (if married in community of property after 1984)																												
New Policyholder's	de	tails	s (C	Ces	sior	nar	y)																					
Surname																												
First name/s																												
Initials																												
Title									Sex	. N	1	F	=			D	ate	of b	irth	Υ	Υ	Υ	Υ	M	M	D	D	
ID or passport number														 Pas (co	sspo	ort e	expi ry if p ber p	ry d	ate									
Nationality (compulsory)																	bei þ	TOVIC	aeu)									
Country of birth																												
Company or trust name																												
Company registration number																												
Reference or bond number																												
Trust tax reference no.								 	 																			
Country of registration																												
Postal Address																												

																							Co	ode					
Residential Address (compulsory)												l							J										
Suit/Unit number																													
Complex Name																													
Street number																						4							
Street name																													
Suburb																													
City																													
Region																							Co	ode					
Telephone (H)						-	Ì							Te	lephone (W)						-								
Fax						-								Ce	ellphone	num	ber				_								
Email address																		С)wn	ersh	p st	ake						%	
Relationship to principal life																					e po	ПСУ							
Signature of cessionary																													
Nominated occupation (compulsory)																													
Industry of operation or employment (compulsory)																													
Are you a domestic pror (compulsory)	nine	nt in	flue	ntia	l per	son	/fore	eign	pror	mine	nt p	ublio	offi	cial										\	⁄es			No	
Does your industry inclu	ıde ir	mpo	rtin	g or	exp	ortin	g g	oods	or	servi	ces	(con	puls	ory)										Υ	'es			No	
Source of funds and v	veal	th (plea	ise	sele	ct a	co	de f	rom	the	list	pro	vid	ed l	pelow)														
Source of funds (compuls	ory)																							Sele	ectio	on co	ode		
Source of wealth (compu	lsory))																									aho		
																								Sele	ectio	on co	Jue		
01. Salary*		02	2. Pe	ensi	on				03.	Self	-em	ploy	ed		04. 0	Own	busi	nes	S		05	i. Sa					Jue		
01. Salary*06. Retirement annuity					on ion/(Gift				Self Rer		ploy	red		04. C				S			i. Sa). Ins	ıle o	f bus	sine	SS	Jue		
-		07	7. Do	onat			rty		08.		ntal					Comr	niss	ion	S		10		ile of	f bus	sine clair	ss m			
06. Retirement annuity		07	7. Do 2. Sa	onat ale c	ion/(opei	rty		08. 13.	Rer	ntal e of				09. 0	Comr	miss itano	ion ce			10). Ins	ile of surai	f bus	sine clair	ss m			
06. Retirement annuity11. Allowance		07 12 17	7. Do 2. Sa 7. So	onat ale d ocia	ion/o	opei int			08. 13. 18.	Rer Sale	ntal e of nus	veh			09. (14. lı	Comr	miss itano	ion ce			10). Ins	ile of surai	f bus	sine clair	ss m			
06. Retirement annuity 11. Allowance 16. Tax rebate 21. Sale of shares *not available for source of virtual control of the con		07 12 17 22	7. Do 2. Sa 7. So	onat ale d ocia	ion/of of pro	opei int			08. 13. 18.	Rer Sale Bor	ntal e of nus	veh			09. (14. lı	Comr	miss itano	ion ce			10). Ins	ile of surai	f bus	sine clair	ss m			
06. Retirement annuity 11. Allowance 16. Tax rebate 21. Sale of shares *not available for source of v		07 12 17 22	7. Do 2. Sa 7. So	onat ale d ocia	ion/of of pro	opei int			08. 13. 18.	Rer Sale Bor	ntal e of nus	veh			09. (14. lı	Comr	miss itano	ion ce			10). Ins	ile of surai	f bus	sine clair	ss m			
06. Retirement annuity 11. Allowance 16. Tax rebate 21. Sale of shares *not available for source of v Financial institution auth signatory name	noris	07 12 17 22 hh	7. De 2. Se 7. Se 2. Le	onat ale d ocia egal	ion/(of pro I gra sett	opei int Iem	ent	ımbe	08. 13. 18. 23.	Rer Sale Bor	ntal e of nus	veh			09. (14. lı	Comr	miss itano	ion ce			10). Ins	ile of surai	f bus	sine clair	ss m			
06. Retirement annuity 11. Allowance 16. Tax rebate 21. Sale of shares *not available for source of virtual control of the con	noris	07 12 17 22 hh	7. De 2. Se 7. Se 2. Le	onat ale d ocia egal	ion/(of pro I gra sett	opei int Iem	ent	limbe	08. 13. 18. 23.	Rer Sale Bor	ntal e of nus	veh			09. C	Comr	miss itano	ion ce			10). Ins	ile of surai	f bus	sine clair	ss m			
06. Retirement annuity 11. Allowance 16. Tax rebate 21. Sale of shares *not available for source of v Financial institution auth signatory name	noris noris	07 12 17 22 n ed	7. Do 22. Sa 7. So 2. Le	onat ale c ocia egal	of prosperies of	oper nt lem	ent		08. 13. 18. 23.	Rer Sale Bor	ntal e of nus	veh			09. C	Comr	miss itano	ion ce			10). Ins	ile of surai	f bus	sine clair	ss m			
06. Retirement annuity 11. Allowance 16. Tax rebate 21. Sale of shares *not available for source of v Financial institution auth signatory name Financial institution auth	noris	07 12 17 22 22 22 ed s	7. Do 22. Sa 7. So 2. Le	onat ale c ocia egal	of prosperies of	oper nt lem	ent		08. 13. 18. 23.	Rer Sale Bor	ntal e of nus	veh			09. C	Comr	miss itano	ion ce			10). Ins	ile of surai	f bus	sine clair	ss m			
06. Retirement annuity 11. Allowance 16. Tax rebate 21. Sale of shares *not available for source of variancial institution authorized ins	noris	07 12 17 22 22 22 ed s	7. Do 22. Sa 7. So 2. Le	onat ale c ocia egal	of prosperies of	oper nt lem	ent		08. 13. 18. 23.	Rer Sale Bor	ntal e of nus	veh			09. C	Comr	miss itano	ion ce			10). Ins	ile of surai	f bus	sine clair	ss m			
06. Retirement annuity 11. Allowance 16. Tax rebate 21. Sale of shares *not available for source of variable for source of variable institution authorized institution authorized institution authorized institution authorized institution authorized institution authorized institution authorized institution States	noris	07 12 17 22 22 22 ed s	7. Do 22. Sa 7. So 2. Le	onat ale c ocia egal	of prosperies of	oper nt lem	ent		08. 13. 18. 23.	Rer Sale Bor	ntal e of nus	veh			09. C	Comr	miss itano	ion ce			10). Ins	ile of surai	f bus	sine clair	ss m			
06. Retirement annuity 11. Allowance 16. Tax rebate 21. Sale of shares *not available for source of variable for variable for source of variable for v	noris	07 12 17 22 22 22 ed s	7. Do 22. Sa 7. So 2. Le	onat ale c ocia egal	of prosperies of	oper nt lem	ent		08. 13. 18. 23.	Rer Sale Bor	ntal e of nus	veh			09. C	Comr	miss itano	ion ce			10). Ins	ile of surai	f bus	sine clair	ss m			
06. Retirement annuity 11. Allowance 16. Tax rebate 21. Sale of shares *not available for source of variable for source of variable institution authorized institution authorized institution authorized institution authorized institution authorized institution authorized institution authorized institution States	noris	07 12 17 22 22 22 ed s	7. Do 22. Sa 7. So 2. Le	onat ale c ocia egal	of prosperies of	oper nt lem	ent		08. 13. 18. 23.	Rer Sale Bor	ntal e of nus	veh			09. C	Comr	miss itano	ion ce			10). Ins	ile of surai	f bus	sine clair	ss m			

Title												Sex	ĸ	М		F		Ţ			Date	e of	birth	n Y	Υ	Υ		Y	M	M	D	D	
ID or passport number																.		⊥ F	ass		t exp						+]
ib or passport number																			(com	puls nur	ory i	pas prov	spor	t)									
Nationality (compulsory)																																	
Country of birth																																	
Company or trust name																																	
Company registration number																																	
Reference or bond number	ĺ						ĺ			ĺ		Ì	ĺ	ĺ																			
Trust tax reference no.																•																	
Country of registration																																	
Postal Address																																	
																											Сс	ode					
Residential Address (compulsory)																																	
Suit/Unit number																																	
Complex Name																																	
Street number																																	
Street name																																	
Suburb						ĺ				Ī			ĺ																				
City						ĺ				Ī			ĺ																				
Region				Ī		Ì	Ì			Ī	İ	Ì	Ì	Ì											Ì	Ì	Сс	ode					
Telephone (H)						ĺ	-			Ī			ĺ			Te	eleph	none (W)						-									
Fax	İ			Ī			-			Ī	İ		Ì	Ì		Ce	ellph	one	nun	nber				-		Ì	Ī						
Email address																					(hip s he p			Ī					%	
relationing to																										-	1						
principal lifé										_			_				1																
Signature of cessionary																																	
Nominated occupation (compulsory)																																	
Industry of operation or employment						ĺ							ĺ																				
(compulsory) Are you a domestic prom (compulsory)	ninen	t in	flue	_ entia	al pe	ers	on/	fore	eign	pı	romin	ent	ou	blic	offi	cial		1	1										⁄es		1	No	
Does your industry include	de im	ıpo	rtin	ıg o	r exi	por	tino	a ad	oods	s c	or ser	vices	s (com	puls	ory)												Υ	es [_		No	_
Source of funds and w																	belo	w)											L				
Source of funds (compulse																												Sele	ectic	n c	ode		
Source of wealth (compuls	sory)																											Sele	ectic	n c	ode		
01. Salary*		02	2. P	ens	ion					()3. Se	elf-er	mp	oloy	ed		()4. C	Dwn	bus	sines	SS		0	5. S	Sale	of	bus	sines	SS			-
06. Retirement annuity		07	′. D)ona	ation	/G	ift			C)8. Re	ental					(09. (Com	mis	sion			1	0. lı	nsu	rar	nce	clair	n			
11. Allowance		12	2. S	ale	of p	rop	ert	ty		1	13. Sa	ale o	fν	ehi	cle			14. lı	nhei	itan	се			1	5. N	Иair	ntei	nan	ce/A	lim	ony		
16. Tax rebate		17	'. S	Socia	al gr	an	t			1	18. Bo	onus					,	19. 5	Sale	of a	asse	ts		2	0. L	_oar	1						
21. Sale of shares		22	2. L	.ega	l se	ttle	me	ent		2	23. Sa	aving	js																				
*not available for source of w Financial institution author																		ı									1	I					ı
signatory name	5.100	-				L	_			<u> </u>			1														_						

Financial institution auth	oris	ed s	signa	atory	y co	ntac	t nu	mbe	er						-														
Financial institution auth	oris	ed s	signa	atory	y em	nail a	addr	ess:																					
Financial institution State	mp:																												
Surname																													
First name/s																													
Initials																													
Title										,	Sex	М		F			[Date	of b	oirth	Y	Υ	Υ	Υ	M	M	D	D	
ID or passport number															P	ass com	oort	exp	iry c	date	t								
Nationality (compulsory)																													
Country of birth																													
Company or trust name																													
Company registration number																													
Reference or bond number																													
Trust tax reference no.																													
Country of registration																													
Postal Address																													
																							С	ode					
Residential Address (compulsory)																													
Suit/Unit number																													
Complex Name																													
Street number																													
Street name																													
Suburb																													
City																													
Region																							С	ode					
Telephone (H)						-								Te	lephone (W)						-								
Fax						-								Ce	llphone	num	ber				-								
Email address																		0	wne i	ersh n th	nip s ne po	take olicy						%	
Relationship to principal life																													
Signature of cessionary																													
Nominated occupation (compulsory)																													
Industry of operation or employment (compulsory)																													
Are you a domestic prom (compulsory)	nine	nt ir	ıflue	ntia	l per	son	/fore	ign	proi	mine	nt pı	ublic	offi	cial							'	'		Υ	es/			No	
Does your industry include	de ir	mpc	rtin	g or	exp	ortin	g go	ods	or	servi	ces	(con	npuls	ory)										Υ	es			No	

Source of funds and wealt	th (please sele	ect a	code f	rom	the I	ist	pro	vide	ed b	elo	w)														
Source of funds (compulsory)																				S	elec	tion	cod	е	
Source of wealth (compulsory)																				S	elec	tion	cod	е	
01. Salary*	02. Pension			03.	Self-	emp	ploye	ed		0	4. (Dwn	bus	ine	SS		0	5. S	ale	of b	ousir	iess			
06. Retirement annuity	07. Donation/	Gift		08.	Rent	al				0	9. (Com	miss	sion			1	0. Ir	ısuı	ranc	e cla	aim			
11. Allowance	12. Sale of pr	operty	у	13.	Sale	of \	vehic	cle		1	4. lı	nher	itan	се			1	5. N	lain	ten	ance	:/Alir	non	y	
16. Tax rebate	17. Social gra	ınt		18.	Bonu	IS				1	9. 8	Sale	of a	SSE	ets		2	0. L	oan	ı					
21. Sale of shares	22. Legal sett	leme	nt	23.	Savir	ıgs																			
*not available for source of wealth Financial institution authorise signatory name																								_	
Financial institution authorise	ed signatory co	ntact	numbe	er							-														
Financial institution authorise	ed signatory en	nail a	ddress	:																					
Financial institution Stamp:																									
Surname																									
First name/s																									
Initials																									
Title					Se	эх	М		F				I	Date	e of	birth) Y	Υ	Υ	Υ	M	M	D	D	
ID or passport number											F	ass (com	port pulse nun	expory in	oiry f pas prov	date spor vided)	t)								
Nationality (compulsory)																									
Country of birth																									
Company or trust name																									
Company registration number																									
Reference or bond number																									
Trust tax reference no.																									_
Country of registration																						_		_	
Postal Address																						_			
Residential Address (compulsory)																				Coc	le				
Suit/Unit number																									
Complex Name																									
Street number																									
Street name																									
Suburb																									
City																			Ī			Ī			
Region			i			Ì	i	i							İ				Ī	Coc	le	Ī	i	İ	
Telephone (H)		- [Te	lepho	one (W)						-		Ĺ			Ī		Ĺ	

Fax					Ce	llphone	numbe	r						
Email address								Ov	nershi	ip stak e polic	e v			%
Relationship to principal life														
Signature of cessionary														
Nominated occupation (compulsory)														
Industry of operation or employment (compulsory)														
Are you a domestic promit (compulsory)	nent influential per	son/foreign	promine	ent publi	ic official							Yes		No
Does your industry include	e importing or exp	orting goods	or serv	ices (co	mpulsory)							Yes		No
Source of funds and we	ealth (please sele	ct a code f	rom the	e list pr	ovided l	elow)								
Source of funds (compulsor	ry)											Selection	on code	<u> </u>
Source of wealth (compulso	ory)											Selection	on code	<u> </u>
01. Salary*	02. Pension		03. Se	f-emplo	yed	04. (Own bu	siness		05.	Sale o	f busine	SS	
06. Retirement annuity	07. Donation/	Gift	08. Re	ntal		09. (Commi	ssion		10.	nsura	nce clai	m	
11. Allowance	12. Sale of pro	operty	13. Sa	e of veh	nicle	14. I	nherita	nce		15.	Mainte	enance/	Alimony	/
16. Tax rebate	17. Social gra	nt	18. Bo	nus		19. \$	Sale of	assets		20.	_oan			
21. Sale of shares	22. Legal sett	lement	23. Sa	vings										
*not available for source of we Financial institution autho														
signatory name														1 1
Financial institution autho	rised signatory co	ntact numbe	er											
Financial institution autho	rised signatory en	nail address	:											
Financial institution Stam	pp:													

I/we have read and understood the note included in the beneficiaries section of this form regarding nominating minor's as beneficiaries.

Legal entities relationship verification form



Contact us Tel: 0860 00 54 33, PO Box 3888, Rivonia	2128, www.disco	very.co.za			
Purpose of this application form					
The purpose of this document is to gather	information relation	ng to any natural perso	ons representing t	he legal entity owner.	
Policy number					
Entity 1 details					
Relationship to legal entity	Director		Member	Trustee	Beneficiary
	Settlor		Protector	Founder	Partner
First names					
Surname					
ID or passport number			Da	te of birth	M Y Y Y Y
Entity 2 details					
Relationship to legal entity	Director		Member	Trustee	Beneficiary
	Settlor		Protector	Founder	Partner
First names					
Surname					
ID or passport number			Da	te of birth	M Y Y Y Y
Entity 3 details					
Relationship to legal entity	Director		Member	Trustee	Beneficiary
	Settlor		Protector	Founder	Partner
First names					
Surname					
ID or passport number			Da	te of birth	M Y Y Y Y
Entity 4 details					
Relationship to legal entity	Director		Member	Trustee	Beneficiary
	Settlor		Protector	Founder	Partner
First names					
Surname					
ID or passport number			Da	te of birth	M Y Y Y

Entity 5 details																	
Relationship to legal entity	Dire	ector			M	em	ber		Tr	ust	ee				Ber	nefici	ary
	Se	ettlor			Pro	otec	ctor		Fo	unc	der					Part	ner
First names																	
Surname																	
ID or passport number								Date of b	oirth D		D	M	M	Υ	Υ	Υ	Y
Entity 6 details																	
Relationship to legal entity	Dire	ector			M	em	ber		Tr	ust	ee				Ber	nefici	ary
	Se	ettlor			Pro	otec	ctor		Fo	unc	der					Part	ner
First names																	
Surname																	
ID or passport number								Date of b	oirth D		D	M	M	Y	Υ	Υ	Υ
Entity 7 details																	
Relationship to legal entity	Dire	ector			M	em	ber		Tr	ust	ee				Ber	nefici	ary
	Se	ettlor			Pro	otec	ctor		Fo	unc	der					Part	ner
First names																	
Surname																	
ID or passport number								Date of b	oirth D		D	M	M	Υ	Υ	Υ	Y
Entity 8 details																	
Relationship to legal entity	Dire	ector			M	em	ber		Tr	ust	ee				Ber	nefici	ary
	Se	ettlor			Pro	otec	ctor		Fo	unc	der					Part	ner
First names																	
Surname																	
ID or passport number								Date of b	oirth D		D	M	M	Y	Υ	Υ	Y
Entity 9 details																	
Relationship to legal entity	Dire	ector			M	em	ber		Tr	ust	ee				Ber	nefici	ary
	Se	ettlor			Pro	otec	ctor		Fo	unc	der					Part	ner
First names																	
Surname																	
ID or passport number								Date of b	oirth D		D	M	M	Y	Υ	Υ	Y
Entity 10 details																	
Relationship to legal entity	Dire	ector			M	em	ber		Tr	ust	ee				Ber	nefici	ary
	Se	ettlor			Pro	otec	ctor		Fo	unc	der					Part	ner
First names																	
Surname			Ĺ											Ī			
ID or passport number								Date of b	oirth D		D	M	M	Υ	Υ	Υ	Y

Entity 11 details																										
Relationship to legal	enti	ity				Dire	ctor					ı	Mem	ber	-			Trus	stee				Ве	nefic	iary	
						Set	tlor					Р	rote	ctor	-		I	Four	nder					Par	ner	
First names																										
Surname															İ					Ī		Ť				
ID or passport number	er												·		Dat	e of I	birth	n D	D	M	M	Υ	Υ	Υ	Υ	
Entity 12 details																										
Relationship to legal	enti	ity				Dire	ctor						Mem	ber	-	1		Trus	stee		1		Ве	nefic	iary	
						Set	tlor					Р	rote	ctor	-		١	Four	nder					Par	ner	
First names																						$\overline{}$				
Surname															İ					Ī	İ	Ť	Ì			
ID or passport number	er														Dat	e of l	birth	n D	D	M	M	Υ	Υ	Υ	Υ	
Entity 13 details												•														
Relationship to legal	enti	ity				Dire	ctor						Mem	ber	-			Trus	stee		T		Ве	nefic	ary	
						Set	tlor					Р	rote	ctor			ı	Four	nder					Par	ner	
First names																						$\overline{\parallel}$				
Surname															T						Ť	T				
ID or passport number	er														Dat	e of I	birth	ח	D	M	M	Y	Υ	Υ	Υ	
Entity 14 details																										
Relationship to legal	enti	ity				Dire	ctor						Mem	ber	-	1		Trus	stee		7		Ве	nefic	ary	
						Set	tlor					Р	rote	ctor			ı	Four	nder					Par	ner	
First names																										
Surname																										
ID or passport number	er														Dat	e of I	birth	n D	D	M	M	Υ	Υ	Y	Υ	
Entity 15 details																										
Relationship to legal	enti	ity				Dire	ctor					ı	Mem	ber	-			Trus	stee		1		Ве	nefic	iary	
						Set	tlor					Р	rote	ctor			ı	Four	nder					Par	ner	
First names																						$\overline{}$				
Surname																						Ī				
ID or passport number	er														Dat	e of I	birth	ח	D	M	M	Y	Υ	Υ	Υ	
Entity 16 details																										
Relationship to legal	enti	ity			[Dire	ctor					ı	Mem	ber	-			Trus	stee		T		Ве	nefic	ary	
						Set	tlor					Р	rote	ctor			١	Four	nder					Par	ner	
First names																										
Surname								<u> </u>					İ			İ		İ			T	Ť				1
ID or passport number	ar		Ī	Ī									-		Dat	e of l	hirth	D	D	M	M	Y	Υ	Υ	Y	<u> </u>

Entity 17 details																														
Relationship to legal entity					Director									Member						Trustee						Beneficiary				
								Set	tlor								Pı	oted	ctor			ı	Fou	nder					Par	ner
First names																														
Surname																														
ID or passport number	ər																			Date	e of b	oirth	D	D	M	M	Υ	Υ	Υ	Υ
Entity 18 details																														
Relationship to legal entity						Director							Member						Trustee							Beneficiary				
						Settlor						Protector						Founder							Partner					
First names																									T	<u>-</u>				
Surname																											T	T		
ID or passport number	er																			Date	of b	oirth	D	D	M	M	Y	Υ	Υ	Υ
Entity 40 details					<u> </u>	<u> </u>		<u> </u>							1															
Entity 19 details																					1					7				
Relationship to legal entity							Dire			Member							Trustee							Beneficiary						
								Set	tlor								Pı	oted	ctor			ı	Foui	nder					Par	ner
First names																														
Surname																														
ID or passport number	ər																			Date	e of b	oirth	D	D	M	M	Υ	Υ	Υ	Y
Entity 20 details																														
Relationship to legal	enti	ty						Dire	ctor								N	/lem	ber				Tru	stee		T		Ber	nefic	iary
								Set	tlor	T							Pı	oted	ctor			ı	Foui	nder		Ī			Par	ner
First names																														
Surname	\overrightarrow{T}																							İ		1	Ť	Ť		
ID or passport number	er																			Date	e of b	oirth		D	M	M	Y	Υ	Υ	Υ
Signature				'	<u>'</u>			<u>'</u>				'																		
The authorised signat	tory	cor	nfirm	ns ti	hat tl	he ir	nfor	matic	n in	this	doc	ume	nt is	S CO	rrec	an	d co	mpl	ete	rela	ting	to th	ne o	wne	er.					
Clamped of the control of the contro	,		1						1	1	1		ı		1		I	ı												1
Signed at (town or city)) [_													_															
Authorised signatory																					[Date	D	D	M	M	Y	Υ	Υ	Υ

Appendix A



Definitions

Contact us

Tel: 0860 00 54 33, PO Box 3888, Rivonia 2128, www.discovery.co.za

Domestic prominent influential person	A domestic prominent influential person is an individual who holds, (including in an acting position for a period exceeding six months or has held at any time in the preceding 12 months), a prominent public function in South Africa.										
Foreign prominent public official	A person is considered a foreign prominent public official if they hold or have held at any time in the preceding 12 months, in any foreign country, a prominent public function.										
Source of funds	The source of funds is the origin of the client's regular income, which is normally determined by the client's occupation or will be the result of a company or business trading and generating an income for the client. The source of funds must be obtained to ensure that the transactions of the client are consistent with the accountable institution's knowledge of the client and the client's business and risk profile. Source of funds can include but is not limited to: Salary or business proceeds Interest payments Dividends Grants In determining the source of funds, the following factors should be taken into consideration: The source of daily/monthly income/revenue The client's various revenue streams										
	The business activities undertaken to give rise to the general income										
Source of wealth	The source of wealth is the origin of the client's entire body of wealth (total assets) to be utilised in the business relationship with Discovery. The source of wealth describes the activities that have generated the total net worth of the client. To establish the source of wealth, no time frame is applied and the client's background must be understood to understand the circumstances around the client's wealth, such as the source of the start-up capital to establish a business, or high-value cash purchases. Source of wealth can include but is not limited to: Maturing investments and encashment claims Sale of shares Sale of property Sale of a company or interest in a company Sale of other assets Business proceeds Inheritance Legal settlements Loan Gift or donation										
Ultimate Beneficial Owner	 "Beneficial owner" in respect of a legal person as the natural person who, independently or together with another person, owns the legal person or exercises effective control of the legal person. The Ultimate beneficial owner is the natural person that exercises ultimate ownership or control of the legal entity and is established in the following order: 1. Any natural person that owns 25% or more of the legal entity 2. Any natural person that exercises 25% or more of the voting rights in the entity (if different from 1 above) 3. If the entity is owned 25% or more by another entity, the ultimate beneficial owner of that entity 4. If ultimate ownership cannot be established, the person who controls the business decisions of the entity, e.g. CEO, Director, Office Manager, etc 										