

Contact us

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How to complete this form

- To enable Discovery to process the application form promptly and accurately, please ensure that it is completed in full.
- Please complete the form in black ink and print clearly.
- Write one letter per block.
- Where you need to make a choice between different options, please mark your selection with an X.

1. About the applicant

Name

Surname

ID number Sex M F Date of birth

Application number

2. Occupation details

1. What is your nominated occupation?

2. What industry or type of business do you work in?

3. If you are a business owner, member of a cc or director, please complete the following regarding your business.

Not applicable (please mark if not applicable)

Number of employees:	Is the company listed?	Date the business was started:
<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

4. Give a brief description of your occupational duties.

5. Please give a breakdown of the time spent on different functions within your occupation:

	Examples	Percentage of time
Deskbound and/or office bound tasks	Data capturing, filing	
Supervising staff within the office	Admin manager, call centre manager	
Travelling (Please do NOT include travelling from home to work)	Driver, visiting clients	
Supervising staff on site, in a factory, or during field work	Building contractor, factory foreman, storeroom supervisor	
Light manual work or work that requires extensive manual dexterity	Hairdresser, teacher, jeweler	
Moderate manual work	Supermarket shelf packer, plumber, electrician, mechanic	
Heavy manual work	Miner, farrier, diesel mechanic	

2. Occupation details (continued)

6. Are there any direct or indirect hazards (for example exposure to harmful chemicals or continued exposure to substances which, over the long term, could be harmful) associated with your occupation? Yes No

If **yes**, please give full information.

7. How long have you been engaged in your current occupation?

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If less than 5 years, please supply details of previous occupations within the past 5 years.

8. Are you self-employed? Yes No

If **yes**, please state number of years:

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Do you operate your business from home? Yes No

9. Are you employed on a part-time basis or are you employed by a fixed term contract (even if the contract is renewable)? Yes No

If **yes**, please give full information.

10. Is the physical address of your employer outside the borders of South Africa? Yes No

If **yes**, where is your employer based?

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11. Are you required to travel overseas or outside the borders of South Africa? Yes No

If **yes**, please provide details of the countries outside the borders of South Africa you are required to visit?

12. What is your annual taxable income earned from your nominated occupation?

Current year

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Last year

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Two years ago

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13. Is your income commission based? Yes No

If **yes**, what percentage of your income is derived from commission.

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14. Are you involved, or do you intend becoming involved in any other occupation? Yes No

If **yes**, please give full information.

15. Give details of any other income derived from other sources, eg interest or rent.

2. Occupation details (continued)

16. Are you currently insured for or are you currently applying for concurrent disability benefits or monthly income benefits including group life or overhead expenses with any other company? Yes No

If **yes**, state the amount of benefits, and indicate whether this is an existing benefit or concurrent proposal:

	Existing benefit or concurrent proposal?	Amount
Monthly Income Benefits		
Overhead Expenses		
Disability Benefits		

17. Have you ever received a disability benefit, either permanent or temporary, from any source?

If **yes**, please give full information.

18. During the past three years, have you been absent from work for a continuous period of more than seven days as a result of accident or sickness? Yes No

If **yes**, complete:

From	To	Reason
Y Y Y Y M M D D	Y Y Y Y M M D D	
Y Y Y Y M M D D	Y Y Y Y M M D D	
Y Y Y Y M M D D	Y Y Y Y M M D D	

Complete the following questions only if you have applied for the Business Overhead Expenses Benefit

19. Mark the type of your business:

Closed corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole proprietor <input type="checkbox"/>	Company <input type="checkbox"/>
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20. What is the number of owners or partners?

21. What is your percentage interest in the business? %

22. Does any employee, associate or partner have the same qualification or business knowledge as you? Yes No

If yes, state number:

23. If you are absent is there any employee or associate who can carry out your duties? Yes No

24. Give a brief motivation as to why your inability to work on a temporary or permanent basis will cause a loss of income to your business.

25. What percentage of income does your company or business derive from:

Sale of goods %

Services rendered %

26. If income is derived from sales of goods, please supply details of goods sold.

27. What is your percentage of business turnover from sales of goods or services? %

28. Please state the monthly overhead expenses of the business.

(Exclude the following: depreciation, stock carried, capital purchases, e.g. fixtures, fittings and equipment, capital repayments on debt, lease costs of non-essential equipment, professional fees, all your earnings, all your drawings and those of family members or other self-employed individuals including any personal expenses paid by the company.)

R per month

29. What is your percentage share of above overheads? %

