

NOTIFICATION OF ABSENCE FROM SOUTHERN AFRICA

Please return to: Hollard Group Risk, Florence House, 22 Oxford Road, Parktown 2193 or PO Box 87419, Houghton 2041
Tel: (011) 351 5000. Email: hgrriskmanagement@holland.co.za

Your cover is granted based on the understanding that you work and reside within the Southern African region. We will however continue to provide you with cover if you are absent from Southern Africa for no more than 3 months, provided the absence is intended to be temporary, you continue to receive a salary and premiums continue to be paid by your South African employer. If you are absent from the Southern African region more than once, the absences must be separated by at least 3 consecutive months, failing which the absences will be added together to determine if you are absent for longer than the 3-month limit.

Should you be outside of Southern Africa for more than 3 months, you can request for us to consider extending your period of cover by completing the form below.

Southern African region: The Southern African region comprising of Angola, Botswana, Eswatini, Lesotho, Malawi, Mauritius, Mozambique, Namibia, South Africa and Zambia.

SECTION A: MEMBER DETAILS

First names:

Surname:

Identity number:

Date of birth: (dd/mm/yyyy)

Policyholder / Employer:

Policy number:

SECTION B: TRAVEL DETAILS

Date of departure from the Southern African region: (dd/mm/yyyy)

Date of return to the Southern African region: (dd/mm/yyyy)

Country	Date of arrival	Method of transport	Cities or towns	Reason for travel
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Should you be leaving the Southern African region for work purposes, please provide details of the occupation you will perform while outside the Southern African region:

SECTION C: PRIVACY

We respect the confidentiality of your personal information as well as your privacy. If necessary, we may need to share your personal information with third parties. These third parties are other insurance and/or reinsurance companies, or service providers that may assist us in assessing and managing the risk, or servicing you. We impose the same strict confidentiality standards on these third parties as is applied by us. By providing the required personal information and signing this form, you hereby confirm that you consent to us processing and sharing your personal information with other third parties. We will treat this information with caution and we have put reasonable security measures in place to protect it. The information provided will only be used for its intended purpose and will not be shared with Hollard Group or another organisation for marketing additional products and/or services.

SECTION D: DECLARATION

I declare that the answers and statements I have made are true to the best of my knowledge and I have not withheld any material facts from Hollard Group Risk. I agree that any benefits in respect of a claim shall be forfeited if any false information is submitted or any material fact is withheld from Hollard Group Risk.

I have read, understand and agree to the privacy statement in this form which details the collection and processing of personal information. If I am agreeing to the aforementioned on behalf of someone else, I confirm that I have the necessary approval and/or mandate to do so.

Full name of member

Full name of employer representative

Designation

Designation of employer representative

Date

Date

Signature of member

Signature of employer representative