

RENEWAL DECLARATION

1. Name of Insured Company: _____

2. Policy Number: _____

3. Company: Registration Number _____ VAT Number _____

4. After enquiries have been made of all Partners/Directors/Principals and staff, have any claims been made against you and have there been any circumstances, investigations legal proceedings or other matters, which may give rise to a claim being made against you, or are known to you as at the date of completing this Declaration.

YES	NO
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If yes, **supply full details** on a separate sheet.

5. Have there been any material changes and / or are any material changes planned in respect of the business, constitution or Operations since completion of the proposal form dated _____.

YES	NO
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If yes, **supply full details:**

6. Please provide your FEE INCOME / TURNOVER as at your last two financial year ends EXCLUDING VAT.

PERIOD FROM	PERIOD TO	FEES / TURNOVER
		R
		R

ESTIMATED FEES / TURNOVER NEXT 12 MONTHS	R
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Signed _____
(Partner/Director/Principal)

Name _____ Designation _____

Date _____