A C and E PI & Liability Underwriting Managers (Pty) Ltd

7th Floor Office Tower, Bedford Centre, Smith Street, Bedfordview
P O Box 752189, Gardenview, 2047, Republic of South Africa

Company Registration Number: 2013/145635/07 | VAT Registration Number: 4090266018

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Islamic-Conscious Insurance

RENEWAL DECLARATION

POPIA NOTICE: The Information requested will be solely used to provide a quotation and to issue a policy if the quotation is accepted.

AC&E is a member of the South African Underwriting Managers Association ("SAUMA") and therefore also need to comply with the Code of Conduct implemented by SAUMA. As per the SAUMA Code of Conduct, AC&E is not allowed to deal with any policy holder (client) directly. All communication is exclusively through an intermediary (Broker). The relevant section can be found under Section 3, point 3 that reads as follows:

"DEFINITION OF A MEMBER

There are two categories of Membership.

FULL MEMBER

- *Does not deal with any policy owner directly. This means the market channel is exclusively through an Intermediary."*

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

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

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

Signed_____
(Partner/Director/Principal)

Name_____Designation _____

Date _____