

Landmark Emergency Assist  
Aansoekvorm/Application

Makelaar/Broker: \_\_\_\_\_  
 Kliënt/Cliënt: \_\_\_\_\_  
 Polis/Policy no: \_\_\_\_\_ (Indien bestaande Landmark kliënt/If existing Landmark client)  
 Effektiewe Datum/Effective Date: \_\_\_\_\_

**\*Effektiewe datum van Landmark Emergency Assist neem op eerste van die maand in aanvang en kan nie pro rata geneem word nie**  
**\*Effective date of cover on the Landmark Emergency Assist VAP will incept on the 1st of the month and no pro rata cover will be available**

Mark the relevant product applying for :                                      LANDMARK AGRI ASSIST /                                      LANDMARK COMMERCIAL ASSIST

	<u>Naam/Name</u>	<u>Van/Surname</u>	<u>ID nommer/ID Number</u>	<u>Kontak nommer in Noodgeval/Contact number in Emergency</u>	<u>E-pos adres/E-mail address</u>
Hooflid / Main Member					
Gade / Spouse					
Afhanklikes van die Hooflid / Dependents of Main member					
1					
2					
3					
4					
5					
6					
7					

<u>Voertuig besonderhede</u>	<u>Registrasie no: Voertuig 1</u>	<u>Registrasie no: Voertuig 2</u>	<u>Registrasie no: Voertuig 3</u>	<u>Registrasie no: Voertuig 4</u>	<u>Registrasie no: Voertuig 5</u>
Hooflid/Main Member					
Gade/Spouse					
Afhanklikes van die Hooflid					
1					
2					
3					
4					
5					
6					
7					

**\* Indien die versekering polis meer as een vennoot in die boerdery het moet elkeen van die Hooflede 'n VAP produk in sy eie naam uitneem**  
**\*If the insured entity has more than one partner in the farming operation, each of individual partners will have to take the VAP in their own name**

Hiermee bevestig die ondergetekende dat bogenoemde inligting korrek en volledig is. Ek verstaan en aanvaar dat die premie betaalbaar t.o.v. die Landmark Emergency Assist produk by my bestaande korttermyn versekerings premie gevorder sal word en dat ek toestemming daartoe verleen.

I hereby confirm that the above information is correct and complete. I further understand and agree that the premium payable in respect of the Landmark Emergency product will be added to my current short term insurance premium.

Onderteken deur/Signed by: \_\_\_\_\_ Datum/Date: \_\_\_\_\_  
 (Naam in druk letters/Please complete in block letters)

Handtekening/Signature: \_\_\_\_\_

**\*Neem asb kennis dat Landmark slegs persoonlike inligting sal verwerk wat toepaslik is vir die doeleindes waarvoor dit aangevra word en sal verder alle stappe neem om te verseker dat dit veilig bewaar word.**

**\*Please note that Landmark will only process personal information that is relevant for the purposes for which it was collected and will furthermore ensure to protect the confidentiality thereof.**

**\* Die LEA VAP is nie 'n versekerings produk en word dus nie deur 'n versekerings maatskappy onderskryf nie**

**\*The LEA VAP is not an insurance product and is therefore not underwritten by an insurance company**

**\*The programme is managed by : One Loyalty Assist & Lifestyle Benefits**

**\*Hierdie program word bestuur deur : One Loyalty Assist & Lifestyle Benefits**



[www.oneloyaltyreward.co.za](http://www.oneloyaltyreward.co.za)

Leaders in value-added assist and loyalty programmes