

APPLICATION FOR TAX RISK INSURANCE COVER COMPANIES & INDIVIDUALS - CLASSIC

Complete all information in full. Cover will start only once we have confirmed that cover has started.
Each taxpayer must complete his / her / its own separate application. The policy covers only the one named taxpayer.

Completed application forms must be sent to info@gsfin.co.za.

Company / Personal details - Enter your company details if you're a company, or your personal details if you're an individual.			
Company name / Initials and surname			
Company registration no / ID no			
Business description / occupation			
VAT / Tax reference no			
Street address			
		Code	
Contact details	(w)	(c)	
E-mail address			
Name of your accountant / auditor		Tel	
Options			
Product type	Classic	Premium payment method	Monthly
Policy inception date	/ / 20	Premium payable	R / incl 20% broker commission
Debit order authority			
Name of bank			
Branch		Branch Code	
Account Number		Type of account	
Account Holder's name			

I hereby authorise the Insurer to draw against the above account the amount necessary for the payment of the monthly premiums and adjustment premiums due to the Insurers in respect of the insurance herein proposed. I agree that in the event of any debit order not being met by my financial institution the Policy will be cancelled and of no effect from midnight on the last day of that month for which the Insurer has received premium, subject to the period of grace as described in the Policy Wording.

DECLARATION & PROTECTION OF PERSONAL INFORMATION CONSENT

I hereby warrant that all the statements included on all the pages of this Proposal Form are true, accurate and complete and contain all information known to me which may affect the risk to be insured under this Policy, and that this and any other written statement made by me or on my behalf for the purpose of the proposed insurance shall be the basis of, and incorporated in the contract between myself and the Insurer. I agree to accept the insurance on the terms and conditions set forth in the Policy wording, Schedule and any endorsements as applicable.

I acknowledge that the sharing of information for insurance, underwriting and claims purposes enables the insurers to administer policies and assess risk. Bryte Insurance Company and their appointed agents undertake to keep my information confidential in terms of the Protection of Personal Information Act 4 of 2013 in regard to the acquisition, usage, retention, transmission and deletion of my personal information. However, they may disclose it to certain third parties and other insurers as required for the specific purpose of insurance, and to reduce and prevent any form of fraudulent activity. On my own behalf and on behalf of any party I represent herein, I hereby give consent and fully understand the reasons to process, use, share and retain personal information for its designated purpose. A full version of the Consent to Process Personal Information is available on www.brytesa.com. I have elected free choice in completing this Proposal for Insurance.

Name and signature of duly authorised applicant

Date

Disclosure : Cover is subject to your truthful and full disclosure of information. All material information affecting the risk of a claim, whether asked for or not, must be disclosed.

	Yes	No
Are you or your business currently undergoing an investigation by SARS?		
Have you or your business, during the past 3 years been exposed to a SARS Tax Audit or related Dispute?		
Are any of your tax returns or tax payments overdue?		
Have you submitted any tax return after the filing deadline without receiving an extension in writing from SARS?		
Do you have any overdue outstanding debt with SARS?		
Have you or your business previously applied for tax amnesty from SARS?		
Have you recently applied for a tax clearance certificate which has not been granted by SARS?		
Do you know of any current reason or circumstance which could give rise to a claim under this Policy?		
If you have answered any of these questions YES, or if you have any other material information to disclose which may affect the risk of a claim, or which may affect our decision to accept your cover, then please elaborate:		

PREMIUM RATES & INDEMNITY LIMITS

Companies (including sole proprietors) – Select your turnover category

Your annual turnover last year	Select	Monthly premium	Indemnity limits - annual aggregate
Less than R 3,000,000		R249	R250,000 or 50 hours, whichever is lesser
R3,000,000 to R10,000,000		R390	R300,000 or 100 hours, whichever is lesser
R10,000,000 to R25,000,000		R559	R500,000 or 150 hours, whichever is lesser
R25,000,000 to R50,000,000		R999	R750,000 or 200 hours, whichever is lesser
R50,000,000 to R100,000,000		R1 449	R1,000,000 or 300 hours, whichever is lesser
More than R100,000,000 - POA	R <i>enter your annual turnover</i>		Limited to 100 hours per Any One Claim

Individuals (excluding sole proprietors) – Select your taxable income category

Your annual taxable income last year	Select	Monthly premium	Indemnity limits - annual aggregate
Less than R 2,000,000		R249	R100,000 or 50 hours, whichever is lesser
R2,000,000 to R5,000,000		R390	R300,000 or 100 hours, whichever is lesser
More than R5 000,000 - POA	R <i>enter your annual income</i>		Limited to 50 hours per Any One Claim



Underwritten by Bryte Insurance Company Limited
 Registration Number 1965/006764/06
 A licensed non-life insurer and authorised financial services provider FSP 17703
 Address: Rosebank Towers, Fifth Floor, 15 Biermann Avenue, Rosebank 2196
 Phone: +27 (0)11 370 9111
 Email: info@brytetaxrisk.co.za



Administered by Tax Risk Underwriting Managers (Pty) Ltd
 Registration Number 2014/086896/07
 An authorised financial services provider FSP 46467
 Address: 152 Bryanston Drive, Bryanston, Sandton, 2191
 Phone: 0861 473 738
 Email: info@taxrisk.co.za