

## APPLICATION FOR TAX RISK INSURANCE COVER TRUSTS - 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.			
Name of Trust			
Registration no			
Nature of Trust			
VAT / Tax reference no			
Street address			Code
Contact details	(w)	(c)	
E-mail address			
Name of your accountant / auditor			Tel
Options			
Type of Trust	<input type="checkbox"/>	Trading Trust (actively carries on business)	<input type="checkbox"/>
			Passive Holding Trust (assets held for passive investment)
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

Is the Trust currently undergoing any investigation by SARS?

Has the Trust, during the past 3 years been exposed to a SARS Tax Audit or related Dispute?

Are any of the Trust tax returns or tax payments overdue?

Have any tax return of the Trust been filed after the deadline without receiving an extension in writing from SARS?

Does the Trust have any overdue outstanding debt with SARS?

Has the Trust previously applied for tax amnesty from SARS?

Has the Trust 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

**TRADING TRUSTS - A trust that actively carries on business or trading or is used in the conduct of business.**  
Select the correct annual turnover category (last financial year)

Your annual turnover last year	Select	Monthly premium	Indemnity limits - annual aggregate
Less than R 3,000,000	<input type="checkbox"/>	R199	R250,000 or 50 hours, whichever is lesser
R3,000,000 to R10,000,000	<input type="checkbox"/>	R275	R250 000 or 100 hours, whichever is lesser
R10,000,000 to R25,000,000	<input type="checkbox"/>	R450	R250 000 or 150 hours, whichever is lesser
R25,000,000 to R50,000,000	<input type="checkbox"/>	R650	R250 000 or 150 hours, whichever is lesser
R50,000,000 to R100,000,000	<input type="checkbox"/>	R1 100	R250 000 or 150 hours, whichever is lesser

Limited to 50 hours per Any One Claim

**PASSIVE HOLDING TRUSTS - A trust under which property held by a trustee is used for passive investment.**

	Select	Monthly premium	Indemnity limits - annual aggregate
All Passive Holding Trusts	<input type="checkbox"/>	R275	R250 000 or 100 hours, whichever is lesser

Limited to 50 hours per Any One Claim



Underwritten by Bryte Insurance Company Limited  
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