

ABOUT US

As part of the global group headquartered in Japan, Tenet Sampo Insurance has over 120 years of combined experience in providing companies and individuals with premium yet affordable insurance in Asia.

At Tenet Sampo Insurance, our customers come before our business. Beyond offering innovative products and comprehensive coverage, we'll always be sensitive, responsive and accessible when it comes to protecting what you hold close to your heart. We're in the business to bring you peace of mind. That's our promise.

Important Note

- This product brochure is not a contract of insurance. The specific terms, conditions and exclusions are set out in the policy. Please refer to our website should you require a specimen copy of the policy wording.
- This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please visit www.tenetsampo.com.sg/FAQ or GIA (www.gia.org.sg) / LIA (www.lia.org.sg) or SDIC (www.sdic.org.sg) websites.
- If you wish to nominate your beneficiary, please call our Customer Service Hotline at 64616555 to request for the relevant forms.

TENET SOMPO INSURANCE PTE. LTD.

50 Raffles Place
 #05-01/06 Singapore Land Tower
 Singapore 048623
 Tel: +65 6221 2211
 Fax: +65 6221 3302
tenetsampo.com.sg
 Company Registration No.: 198905490E

Personal accident coverage for you and your loved ones




Tenet Sampo Insurance it's **beyond** just business

No one can predict if and when an accident will happen. It's necessary to always be ready for life's uncertainties so that you not only protect yourself, but your loved ones too. PAStar is a comprehensive insurance plan that gives you 24-hour worldwide protection from personal accident with comprehensive coverage for medical expenses and more.

With PAStar, you and your loved ones can live life to the fullest. That's our promise.

HIGHLIGHTS

- **Worldwide** 24-hour Protection against sudden, unforeseen and unexpected events with access to 24-hour Emergency Assistance Hotline for medical and travel assistance
- **Full Terrorism Cover**
- **Medical Treatment** for accidents and 16 Specified Infectious Diseases including Dengue Fever, Hand Foot Mouth Disease as well as H1N1, H7N9, Mumps, Rubella and **Middle East Respiratory Syndrome (MERS)** 
- **Food Poisoning**
- **Treatment expenses** from licensed Chinese Physicians, Acupuncturists, Bonesetters and Chiropractors up to S\$1,000 any one accident
- **Double Indemnity** for Accidental Death
 - In the event of fatal accident involving both insured self and spouse
 - As a passenger in a traffic accident
- **Accidental Miscarriage** due to falling or traffic accident plus S\$100 recuperation allowance
- **Double Hospitalisation Allowance** if warded in ICU due to an Accident
- **Baby Bonus Allowance** of S\$100
- **Reconstructive Surgery**, Facial Disfigurement and Trauma Counselling Expenses – Additional coverage up to 50% of the Medical Expenses limit
- Purchase or rental of **Mobility Aid** including crutch, wheelchair, hearing aids and artificial limbs prescribed by a Registered Medical Practitioner up to S\$4,000 any one accident
- **No claim bonus** up to 25% on sum insured for Accidental Death and Permanent Disablement

FREQUENTLY ASKED QUESTIONS

1. Who can enrol in the policy?

Singaporeans, Singapore Permanent Residents or Foreigners with valid employment pass, work permit, dependent pass, student pass and long term social visit pass between the age of 16 to 70 years old* and are domiciled in Singapore, can apply. Children from 1 month old up to 20 years old who are dependent, unmarried and unemployed natural children, legal step-children and legally adopted children of the insured self can also be enrolled in the same policy. For those in full-time tertiary institutions, the age limit will be extended to their 25th birthday. However if you need to leave home for temporary residence overseas ranging from a few months to a few years, please contact our office for separate quotation.

2. Do I need to go for any medical examination?

No. You will be accepted based upon your health declarations on the attached Application Form.

3. What are the main exclusions?

All Insurance policies have exclusions. Some of the major exclusions under this policy are: war, self destruction, non prescribed use of drugs, intoxication, insanity, venereal disease, AIDS, childbirth, pre-existing defects, professional sports, underwater or other hazardous activities, private aviation and full-time military duty. Covers for infectious diseases are subjected to a Pandemic Alert exclusion.

4. Is there a waiting period I can make a claim under Medical Expenses due to Infectious Diseases?

Yes. There is a fourteen (14) days waiting period applicable from first inception of cover for the insured person.

5. If I make a claim in one year, what happens to my "No Claim Bonus"?

Your existing 'bonus' entitlement which shall be earned within the first 5 years from the inception of the policy will NOT be forfeited. However, there will be no 5% increase in the sum insured on renewal for the year following the claim.

6. Will I be penalised for my claims made under the Policy?

No. Your renewal premium will not be increased based on your claims experience. However, your premium may be adjusted from time to time for inflation as well as for material change in risk.

7. My mobile phone was damaged when I sustained injuries from an accidental fall. Will my phone be covered?

This item is not covered under the Personal Effects & Belongings benefits. Other excluded items are jewelry items (but not watches), pagers, portable computers/diaries/PDAs, cameras and video equipment.

8. What happens if I have more than one PAStar policy with Tenet Sompō?

The policy with the highest limit will respond to any claims made.

9. Are all Personal Accident plans the same?

Most likely not. You will need to look out for differences in Definitions, Extensions, Tables of Benefits for Permanent Disablement and Exclusions. For example, our 'Accident' definition is wider than many other policies as it does not require the accident to be violent, visible or external.

10. What is this Free Look Benefit? Will I be entitled to premium refund if I need to cancel the policy?

Enjoy 14 days 'Free Look' ** from the day you receive your insurance policy. If the policy is not suitable for you, you can arrange to cancel your policy within this period and receive a full refund on the payment made, no questions asked! Beyond the 'Free Look' period, we will refund you the balance premium after deducting our customary short-term premium or minimum premium provided no claims has been made under the policy.

* Age next birthday

** This is not applicable to renewals

BENEFITS AT A GLANCE (S\$)

| BASIC COVER BENEFITS per Insured Adult | STANDARD | DELUXE | ELITE | ELITE2 | ELITE6 |
|--|---|--|--|--|--|
| A. Accidental Death (AD) Double Indemnity for Accidental Death* - In the event of fatal accident involving both Insured Adults - As a passenger in a traffic accident ^excluding acts of terrorism, up to \$1m per policy Permanent Disablement (PD) | \$50,000 \$100,000 \$100,000 \$50,000 | \$100,000 \$200,000 \$200,000 \$100,000 | \$200,000 \$400,000 \$400,000 \$200,000 | \$300,000 \$600,000 \$600,000 \$300,000 | \$500,000 \$1,000,000 \$1,000,000 \$500,000 |
| B. Medical Expenses per disability incurred In Hospital or Outpatient Clinic - due to Accident - due to Infectious Diseases (See list below) List of 16 Specified Infectious Diseases - Severe Acute Respiratory Syndrome (SARS) - Dengue Fever / Dengue Hemorrhagic Fever - Variant Creutzfeldt-Jakob Disease (vCJD) or 'Mad Cow Disease' - Nipah Virus Encephalitis - Japanese Viral Encephalitis - Malaria - Pulmonary Tuberculosis - Measles - Rabies - Melioidosis - Hand, Foot, Mouth Disease (HFMD) - Avian Influenza or 'Bird Flu' due to Influenza A viral strains H1N1, H5N1, H9N2, H7N7 or H7N9 - Chikungunya Fever - Mumps - Rubella - Middle East Respiratory Syndrome (MERS) NEW! | \$2,000 \$2,000 | \$3,000 \$3,000 | \$4,000 \$4,000 | \$5,000 \$5,000 | \$7,000 \$7,000 |
| C. Daily Hospitalisation Allowance up to 365 days if hospitalised for >24 hours due to an accident | \$50 | \$100 | \$150 | \$200 | \$300 |
| D. Weekly Income Benefit for temporary disablement up to 104 weeks See Note: 6 | \$50 | \$100 | \$200 | \$350 | \$650 |
| E. Family/Parental Allowance Per Month for 12 months in the event of accidental death | \$1,000 | \$2,000 | | \$3,000 | |
| F. Re-employment Benefit upon ≥ 50% Permanent Disablement payment | \$500 | \$1,000 | | \$2,000 | |
| G. Personal Effects & Belongings damaged as a result of an accident payable under the policy (per policy year) | \$200 | \$300 | | \$400 | |
| H. Emergency Medical Evacuation & Repatriation via 24-hour hotline assistance | | \$50,000 (per Insured Person) \$100,000 (in aggregate per policy) | | | |
| I. Tuition Benefit for each Insured Child(ren) per month for 12 months | \$100 | \$200 | | \$300 | |
| J. Mobility Aid purchase or rental including wheelchair, crutch or hearing aids as prescribed by the Registered Medical Practitioner | \$2,000 | \$3,000 | | \$4,000 | |
| FREE EXTENSIONS | STANDARD | DELUXE | ELITE | ELITE2 | ELITE6 |
| - Accidental Miscarriage - Full Time National Service when off-duty - Insect / Animal Bites - No Claim Bonus up to 25% - Riot, Strike, Civil commotion - Survivor Benefit - free 6 months policy extension | | | | | |
| | - Food Poisoning - Hijack, Murder and Assault - Motorcycling - Reservist Training - Suffocation by Smoke, Poisonous Fumes, Gas & Drowning | | | | |

BENEFITS AT A GLANCE (S\$)

| FREE EXTENSIONS | STANDARD | DELUXE | ELITE | ELITE2 | ELITE6 |
|---|--|-----------|-----------|-----------|-----------|
| Baby Bonus Allowance For up to 2 newborn biological children | \$100 Per Child | | | | |
| Treatment by Licensed Chinese Physicians and Chiropractors Cover per policy period | \$1,000 per Accident (up to \$150 per visit) \$2,000 per Insured Person | | | | |
| Domestic Helper Cover per policy period | \$5,000 (in aggregate per policy) | | | | |
| Double Hospitalisation Allowance in ICU up to 50 days if hospitalised for > 24 hours due to an accident | \$100 | \$200 | \$300 | \$400 | \$600 |
| Facial Disfigurement & Reconstructive Surgery | \$1,000 | \$1,500 | \$2,000 | \$2,500 | \$3,500 |
| Full Terrorism Cover in aggregate for above sections | \$50,000 | \$100,000 | \$200,000 | \$300,000 | \$500,000 |
| Recuperation Cash Allowance due to Accidental Miscarriage | \$100 | | | | |
| Trauma Counselling Expenses | \$1,000 | \$1,500 | \$2,000 | \$2,500 | \$3,500 |

| BENEFITS per Insured Child | STANDARD | DELUXE | ELITE | ELITE2 | ELITE6 |
|---|---|--------|-------|--------|--------|
| A. Accidental Death and Permanent Disablement B. Medical Expenses C. Daily Hospitalisation Allowance | 25% of parent's Sum Insured based on the lower of the parent's selected plan. Where Elite2 or Elite6 plans are selected, benefits per child will be computed based on Elite Plan. | | | | |

| OPTIONAL COVERS ENHANCED BENEFITS per Insured Adult | STANDARD | DELUXE | ELITE | ELITE2 | ELITE6 |
|---|---|--------|-------|--------|--------|
| K. ID Booster providing Daily Hospitalisation Allowance (up to 60 days) -Due to 16 Specified Infectious Diseases | \$50 | \$100 | \$150 | \$200 | \$300 |
| L. Education Fund for insured child(ren) upon accidental death of the Insured Self or Insured Spouse | \$25,000 | | | | |
| M. Parent's Cover up to 4 parents including parents-in-law if both Insured Adults are covered under the same PASTar | \$25,000 (upon accidental death / permanent disability) | | | | |

Notes

- Elite2 and Elite6 plans are not applicable to unemployed, housewives, full-time students and retirees.
- If enrolled before age 60 years and no lapse in cover,
 - Standard plan is renewable up to age 85 years.
 - Deluxe and Elite plans are renewable under the same plan up to age 75 years, thereafter renewable under Standard plan up to age 85 years.
- Persons of age 16 to 21 years are limited to Standard plan only.
- For policies issued under corporate / company name to cover a group of individuals or family units, the compensation payable in respect of death or disablement of the insured persons traveling in the same conveyance at the same time, shall be further subjected to a conveyance limit.
- If you have more than one Tenet Sompo Policies covering Terrorism, the maximum amount payable for acts of Terrorism for all policies will be S\$500,000 per person.
- Weekly Income Benefit
 - Payable up to Sum Insured or Insured's weekly Salary at the point of claim whichever is the lower.
 - Salary refers to regular wages from an employment contract or the average of the basic income for the 3 months immediately preceding the time of Accident for a self-employed person. OR
 - Where Insured is not gainfully employed or proof of income is not available – payable up to 25% of the Sum Insured for up to 12 weeks if Insured sustains fractures or dislocation as described in the Policy requiring surgery under anesthesia.

PREMIUM TABLE (S\$) (Inclusive of GST)

| BASIC COVER ENHANCED BENEFITS per Insured Adult Section A to J including EXTENDED BENEFITS | ANNUAL PREMIUM | | | | |
|--|---------------------------------------|----------------------|----------------------|----------|----------|
| | STANDARD | DELUXE | ELITE | ELITE2 | ELITE6 |
| Per Insured Adult CLASS 1 | \$101.65 | \$169.06 | \$281.41 | \$388.41 | \$602.41 |
| CLASS 2 | \$120.91 | \$212.93 | \$354.17 | \$486.85 | \$752.21 |
| CLASS 3 | \$258.94 | \$449.40 | N.A. | | |
| Per Insured Child If BOTH parents are covered under the same PASTar | FREE for Unlimited Number of Children | | | | |
| If only ONE parent is covered under the same PASTar | \$26.75 per child | \$47.08 per child | \$79.18 per child | | |
| OPTIONAL COVERS | | | | | |
| Per Insured Adult K. ID Booster according to plan selected | \$14.98 | \$19.26 | \$23.54 | \$28.89 | \$39.59 |
| L. Education Fund Per unit of S\$25,000 | \$26.75 | | | | |
| M. Parent's Cover Per Parent | \$32.10 per parent | | | | |
| Per Insured Child K. ID Booster - If BOTH parents are covered for ID Booster | FREE for Unlimited Number of Children | | | | |
| - If only ONE parent is covered for ID Booster | \$3.75 per child | \$4.82 per child | \$5.89 per child | | |

PERMANENT DISABLEMENT TABLE OF BENEFITS

| Description of Permanent Disablement (PD) (Please refer to our office or website for full PD Table of Benefits) | % of Capital Sum Insured Payable |
|---|----------------------------------|
| 1 Total paralysis of all limbs | 150% |
| 2 Total and permanent loss of all sight of - both eyes - one eye | 150% 100% |
| 3 Total loss of speech | 50% |
| 4 Total loss of speech and hearing in both ears | 150% |
| 5 Total loss by physical severance or total and permanent loss of use of - two whole limbs or two feet/hands - one leg at hip or between hip and ankle - loss of one arm at shoulder or between shoulder and wrist - one hand or one foot | 150% 100% 100% 100% |
| 6 Total loss by physical severance or total and permanent loss of use of both thumbs and all fingers | 100% |
| 7 Total loss by physical severance or total and permanent loss of use of index finger | from 5% to 15% |
| 8 Total loss by physical severance or total and permanent loss of use of little finger | from 3% to 10% |
| 9 Total loss by physical severance or total and permanent loss of use of toes | from 3% to 18% |
| 10 Fractured leg or patella with established non-union of leg or shortening of leg by at least five centimetres | 10% |
| 11 Third Degree Burns | from 50% to 100% |

Where the injury is not specified, the Company will adopt a percentage of disablement, which in its opinion is not inconsistent with the provisions of the Table of Benefits.

CLASSIFICATION OF OCCUPATION

| CLASS 1 Persons engaged in indoor & non-manual work in non-hazardous places | CLASS 2 Persons engaged in work of an outdoor or supervisory nature or involve occasional manual work whose duties do not involve the use of tools or machinery or exposure to any special hazard | CLASS 3 Persons engaged in manual work not of particularly hazardous nature but involving the use of tools or machinery |
|---|---|--|
| Examples – CLASS 1 <ul style="list-style-type: none"> • Barber / Hairdresser • Beautician • Tailor • Nurse • Dentist / Doctor / Surgeon (Non-veterinary) • Indoor sales / Marketing (More than 50% in office) • Software Engineer • Management (Director, Manager, Executive etc.) with overseas travel less than 12 times a year • MINDEF Administrative Staff (No field training) • Home-maker • Retiree (More than 62 years old) • Full-Time Students (More than 16 years old) | Examples – CLASS 2 <ul style="list-style-type: none"> • Chauffeur • Decorator (Managing) • Engineer (Excluding Software Engineer) • Foreman (Non-Construction) • Outdoor Sales / Marketing • Surveyor • Insurance Agent / Property Agent • Assembly Line Production Worker (Not using tools & machinery) • Unarmed Security Guard • Laboratory Assistant (In schools and colleges) • Management (Director, Manager, etc.) with overseas travel 12 or more times a year • Fitness / Gym Instructor | Examples – CLASS 3 <ul style="list-style-type: none"> • Baker / Chef • Carpenter (Not using woodworking machinery) • Contractor • Courier • Driver • Hawker / Market Stallholder • Motor Repairer • Painter (Not involving work at heights) • Plumber • Technician • Veterinary Surgeon |

REFERRED OCCUPATIONS FOR COVER DURING OFF-DUTY HOURS (Please refer to our office for approval)
Commercial air crew and pilot, military personnel (excluding MINDEF administrative staff)

DECLINED OCCUPATIONS: Industrial workers using heavy machinery / woodworking tools and machineries; any occupation involving aviation activities; police force personnel, fire fighters; construction / unskilled workers; ship crew or workers on board vessels, stevedores, shipbreakers; occupations involving diving, platforms, oil and gas rig workers, offshore workers. Work involving height (exceeding 30 feet above ground or floor level) and/or works underground and/or travel beyond normal speed on land and/or handling of hazardous chemical / electricity; Professional sports team; Professional divers and jockeys; Welders and the like, Crane operators.

APPLICATION FORM

Intermediary's Name/Code: _____

Important Notice

- Statement Pursuant to Section 25(5) of the Insurance Act. You are to disclose on this Proposal Form fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.
- Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances, failing which there will be no liability under this cover.
- The liability of the Company does not commence until this Application is accepted and the premium is paid in accordance with clause 2 above.

APPLICANT'S PARTICULARS

NAME: _____

ADDRESS: _____ NRIC / PASSPORT NO.: _____

_____ NATIONALITY: _____

TEL NO.: _____ (HP) _____ (H) _____ (O)

MARITAL STATUS: _____ EMAIL: _____

PARTICULARS OF PERSON(S) TO BE INSURED & COVERAGE SELECTION

Details of spouse, child(ren) and parent(s) are required only if they are included in this cover

SELF: _____ SEX: Male / Female CLASS: 1 / 2 / 3

DATE OF BIRTH: _____ NRIC / FIN: _____ OCCUPATION: _____

BASIC WEEKLY SALARY: S\$ _____ PLAN: _____ TOP-UP: _____ units PREMIUM: \$ _____

SPOUSE: _____ SEX: Male / Female CLASS: 1 / 2 / 3

DATE OF BIRTH: _____ NRIC / FIN: _____ OCCUPATION: _____

BASIC WEEKLY SALARY: S\$ _____ PLAN: _____ TOP-UP: _____ units PREMIUM: \$ _____

CHILD'S NAME: _____ SEX: Male / Female

DATE OF BIRTH: _____ NRIC / FIN: _____ PREMIUM: \$ _____

CHILD'S NAME: _____ SEX: Male / Female

DATE OF BIRTH: _____ NRIC / FIN: _____ PREMIUM: \$ _____

CHILD'S NAME: _____ SEX: Male / Female

DATE OF BIRTH: _____ NRIC / FIN: _____ PREMIUM: \$ _____

PARENT'S NAME: _____ SEX: Male / Female CLASS: 1 / 2 / 3

DATE OF BIRTH: _____ NRIC / FIN: _____ PREMIUM: \$ _____

(REFER TO OPTIONAL COVERS SECTION)

PARENT'S NAME: _____ SEX: Male / Female CLASS: 1 / 2 / 3

DATE OF BIRTH: _____ NRIC / FIN: _____ PREMIUM: \$ _____

(REFER TO OPTIONAL COVERS SECTION)

APPLICATION FORM

OPTIONAL COVERS (\$\$) (Inclusive of GST) (Please tick)

Total Premium (\$\$)

- ID Booster** (*Top-Up Units must be equivalent to Elite Plan Top-Up)
- Self Basic \$ _____ + TOP-UP* \$ _____ \$ _____
- Spouse Basic Basic \$ _____ + TOP-UP* \$ _____ \$ _____
- Child(ren) (if only one parent is covered) No. of Child(ren) _____ x \$ per Child _____ \$ _____
- Education Fund** (per unit of S\$25,000) _____ x \$26.75 \$ _____
- Maximum number of units up to the number (No. of unit)
- Parent's Cover** _____ x \$32.10 \$ _____
- (No. of parent)

ANNUAL PREMIUM (\$\$) (Inclusive of GST)

Total Premium for Basic Plan + Top-up for Insured / Spouse / Child(ren) \$ _____

Total Premium for Optional Cover \$ _____

Total Premium payable \$ _____

PERIOD OF INSURANCE

From _____ to _____

- Please provide details on the nature /scope of work for general descriptions, e.g. civil servant, self-employed, etc. to determine the classifications of occupation.

DECLARATION

I/We

- am/are in good health and free from any physical impairment.
- am/are residing in Singapore who are Singaporeans, Permanent Residents or Foreigners with valid Employment Pass/Work Permit/Student Pass/Long Term Social Visit Pass/Dependent Pass.
- am/are not participating/intending to participate in any hazardous hobbies or activities.
- have neither made any claims against any insurer for bodily injury nor had any life or accident insurance applications/policies that are declined, cancelled, refused renewal or imposed with special terms.
- will give notice to Tenet Sompso Insurance Pte. Ltd. of any change in health, occupation, activities or country of residence.
- Understand and agree that benefits under this policy will only be payable upon accident occurring with the exception of coverage provided for Specified Infectious Diseases.
- am/are aware that for Infectious Diseases, there is a waiting period of 14 days from cover inception and cover is subject to Pandemic Alert Exclusion.
- understand the Notes highlighted in the brochure and am/are aware that I/we can seek advice from a qualified advisor to ensure that this product is appropriate for my/our financial needs and insurance objectives before this application is submitted.
- confirm that the information given in the application is true and complete and shall be the basis of contract between me/us and Tenet Sompso Insurance Pte. Ltd.
- am/are not undischarged bankrupt(s).
- acknowledge and agree (in case of corporate policy, I/we represent that I/we have obtained the consent of the individuals in relation to this policy) that Tenet Sompso Insurance may collect, use, disclose and/or process my/our personal data (in case of corporate policy, personal data of individuals in relation to this policy) in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in Tenet Sompso Insurance's Privacy Policy (including the provision of protection, services related to this insurance policy, screening activities in accordance with legal/regulatory obligations/risk management procedures). This may include disclosure to Tenet Sompso Insurance's business partners, intermediaries, third party service providers and industry associations. Tenet Sompso Insurance's Privacy Policy can be found at tenetsompso.com.sg.
- consent to receive marketing and promotional information from Tenet Sompso Insurance Pte. Ltd. (e.g. via email, mail, SMS, etc.). I/We understand that I/we can withdraw or manage my/our consent to receive marketing and promotional information at tenetsompso.com.sg
- am/are aware of and agree to abide by the Policy terms, conditions and exclusions and confirm that the information given in this application/form is true, accurate and complete.

I/We further declare details relating to Item(s) no. () : _____

- PLEASE CHARGE \$\$ _____ (Including GST) TO MY VISA / MASTERCARD* (*Delete As Appropriate)
- Where a third party credit card is used, I/We declare that the cardholder has authorised and consented to such use.

CARD NO.: ■■■■■ - ■■■■■ - ■■■■■ - ■■■■■ EXPIRY DATE: ■■ - ■■

- I ENCLOSE A CHEQUE FOR \$ _____
- (Including GST) payable to **Tenet Sompso Insurance Pte. Ltd.**

BANK / CHEQUE NO.: _____

SIGNATURE OF APPLICANT _____ DATE: _____

on behalf of person(s) to be insured _____

FOR OFFICIAL USE

We confirm acceptance of this application in accordance to our policy terms conditions and exceptions, effective _____.

NAME & SIGNATURE OF APPROVING OFFICER / DATE

Ask about auto-renewal
with GIRO Payment and
Instalment Payment Plan