



UNDERWRITING MANAGERS

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### HOLE IN ONE/ EAGLE/ ALBATROSS PROPOSAL FORM

NAME OF APPLICANT / SPONSOR: (No private individuals, unless Sole Proprietor)			
VAT NUMBER:		REGISTRATION NUMBER:	
ADDRESS OF APPLICANT:			
GOLF COURSE WHERE EVENT WILL TAKE PLACE:			
NAME OF TOURNAMENT PLAYED:		DATE OF GOLF DAY:	DAY / MONTH / YEAR
NUMBER OF AMATEURS:		NUMBER OF PROFESSIONALS:	
NUMBER OF ROUNDS PLAYED/ NUMBER OF ATTEMPTS PER PERSON:			
DISTANCE BETWEEN GREEN & TEE:	Men	Ladies	
	m	m	
PLEASE NOTE THE MINIMUM DISTANCE ALLOWED IS 150M FOR MEN AND 130M FOR LADIES			
HOLE NUMBER:		PLEASE INCLUDE SCORE CARD	
STROKE NO:		PAR:	
LIMIT TO BE WON (VAT INCLUSIVE)	CASH	PRIZE	R (Vat Inclusive)
BRIEF DESCRIPTION OF HOLE AND ANY OBSTACLE(S) TO GREEN:			
PLEASE ADVISE NAME OF INDIVIDUAL RESPONSIBLE FOR ATTENDING AND VIEWING THE ATTEMPTS:			
For all risks where the sum insured exceeds R350 000 an approved <u>loss adjuster</u> must be appointed, and the costs associated with such appointment will be for the insured's account.			
DECLARATION:			
<p>Signing this application does not bind the applicant or the company to complete insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently, or in such a way to conceal or misrepresent material fact or circumstances concerning, this insurance or the subject thereof the entire policy shall be void.</p> <p>I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that KEU Underwriting Managers (PTY) LTD has been made aware of all important information and that any incorrect information may mean that the claim may be rejected, and the policy cancelled.</p> <p>I/We have read the above and agree that to the best of my / our knowledge and belief it fully represents the true statements of facts.</p> <p>I consent to KEU Underwriting Managers, Centriq and its operators, processing and further processing, my personal information in accordance with the Protective of Personal Information Act, for the purpose of concluding and performing in terms of this insurance contract.</p> <p>For further information please read our Private Notice, which can be found on <a href="http://www.centriq.co.za">www.centriq.co.za</a></p>			
INSURED		DATE	SIGNATURE
NAME OF BROKING COMPANY		FSP NUMBER	