PERSONAL DETAILS

SURNAME:	**MAIDEN NAME:**
FIRST NAME(S):	**KNOWN AS:**
TITLE:	**DATE OF BIRTH:**
ID NUMBER / PASSPORT:	

GENDER ☐ MALE ☐ FEMALE

LANGUAGE ☐ ENGLISH ☐ AFRIKAANS

CONTACT NUMBERS

CELLPHONE: WORK:

HOME:

EMAIL:

PHYSICAL ADDRESS:

SMOKER (This includes occasional smoking, e-cigarettes, pipes & hubbly bubblies) **YES** ☐ **NO** ☐

ARE YOU A FOREIGN OR DOMESTIC PROMINENT PUBLIC OFFICIAL? **YES** ☐ **NO** ☐

Prominent public functions includes the roles held by a head of state, a head of government, government ministers,senior civil or public servants, senior judicial or military officials, senior executives of state owned corporations, senior political party officials, members of the legislature and senior management of international organisations. Relatives or close associates ("RCAs") to PEPs are also categorised as PEPs.

EDUCATION AND EMPLOYMENT

OCCUPATION:
EMPLOYER:

HIGHEST QUALIFICATION

☐ GRADE 12 ☐ 3YR DIPLOMA ☐ 4YR DIPLOMA ☐ 3YR DEGREE

☐ 4+YR DEGREE ☐ POST GRAD

TAX NUMBER:
GROSS SALARY: **NET SALARY:**

SPLIT OF OCCUPATIONAL DUTIES

Based on an average working day, what percentage of your day is spent on the following activities.

Admin	Supervision	Manual	Travel
Refers to duties performed at a desk or within an office environment.	*Refers to duties of managing, monitoring or instructing people, such as employees, within an office environment.*	*Refers to work which involves tasks including - standing for long hours, gripping, lifting, pushing, pulling objects*	Refers to time enroute as part of your duties excluding travelling to and from an official or fixed place of work.

SPOUSE DETAILS

MARITAL STATUS

☐ Single ☐ Married with ANC ☐ Married in COP

☐ Divorced ☐ Widowed ☐ Common Law ☐ Other

SURNAME:	**MAIDEN NAME:**
FIRST NAME(S):	**KNOWN AS:**
TITLE:	**DATE OF BIRTH:**
ID NUMBER / PASSPORT	

GENDER ☐ MALE ☐ FEMALE

LANGUAGE ☐ ENGLISH ☐ AFRIKAANS

CONTACT NUMBERS

CELLPHONE: WORK:

HOME:

EMAIL:

SMOKER ☐ YES ☐ NO

SPOUSES EDUCATION AND EMPLOYMENT

OCCUPATION:			
EMPLOYER:			
HIGHEST QUALIFICATION			
GRADE 12 ☐	3YR DIPLOMA ☐	4YR DIPLOMA ☐	
3YR DEGREE ☐	4+YR DEGREE ☐	POST GRAD ☐	
TAX NUMBER:			
GROSS SALARY:		**NET SALARY:**	
SPLIT OF OCCUPATIONAL DUTIES			
Based on an average working day what percentage of your day is spent on the following activities. (travel does not include to & from work)			
Admin	Supervision	Manual	Travel

CHILDREN OR DEPENDENTS

FULL NAME	*GENDER*	*DATE OF BIRTH*	*RELATIONSHIP*

PROPERTY, HOUSEHOLD EFFECTS AND VEHICLES

ASSET DESCRIPTION	*MARKET VALUE*	*LOAN AMNT*	*REMARKS*
Property			
Main residence			
Holiday Home			
Rental Property			Rental income
			Monthly expenses
Household Effects			
Vehicles			

INVESTMENTS & ASSURANCES

INSTITUTION	*MARKET VALUE*	*NOTES*
UNIT TRUSTS		
SHARES		
OTHER INVESTMENTS		

BANK / MONEY MARKET / CALL ACCOUNTS

INSTITUTION	*VALUE*

OTHER LIABILITIES *(Credit cards; overdrafts; accounts)*

DESCRIPTION	***VALUE***

LIFE INSURANCE POLICIES *(Death cover / Disability / Income Protection and Severe Illness)*

COMPANY

PENSION / PROVIDENT FUND & GROUP LIFE COVER

NAME OF FUND			
VALUE			
GROUP LIFE COVER *(Death / Disability / Income Protection / Severe illness)*	YES ☐	NO ☐	

BUSINESS INTERESTS

DESCRIPTION	***MARKET VALUE***	***LIABILITY***	***NOTES***

MEDICAL INSURANCE

MEDICAL SCHEME NAME:		***PLAN:***	
GAP COVER POLICY	☐ ***YES***	☐ ***NO***	
PROVIDER:	***VERSION:***		

SHORT TERM INSURANCE *(House & Motor Insurance)*

INSURER NAME:

LOYALTY SCHEMES

ARE YOU A MEMBER OF :	☐ **VITALITY**	☐ **MULTIPLY**	☐ **OTHER**	
STATUS:				

WILL

DO YOU HAVE A RECENTLY UPDATED WILL?	YES ☐	☐ NO	

NEEDS

DEATH	***CAPITAL REQUIRED:***
	MONTHLY INCOME REQUIRED:
DISABILITY	***CAPITAL REQUIRED:***
	MONTHLY INCOME REQUIRED:
RETIREMENT	***CAPITAL REQUIRED:***
	MONTHLY INCOME REQUIRED:
SEVERE ILLNESS	***CAPITAL REQUIRED:***

SPECIAL GOALS

DETAILS:

Please access our letter of introduction and privacy policy statement at https://tappan.co.za/Forms/

CONSENT AND AUTHORISATION

I, (Full name) ID number:

understand and consent and authorise and give Tappan Financial Solutions CC and its representatives and/or relevant product suppliers permission to process my personal information for the purposes mentioned in the Privacy Policy Statement:

Signature	Date