## nsurance Quotation Application Form





Kindly forward the abovementioned documents to 086 572 6290 or email it to insurance@theanthonygroup.co.za Refferring Branch Details (if applicable) v1 **DURBANVILLE** STRAND **JOHANNESBURG** DURBAN WEST COAST **NORTHERN CAPE** Refferring Broker & Agent Details (if applicable) BROKER / **Broker / Agent Trading Name:** T Α G AGENT CODE: Broker / Agent Name: **Personal Quick Check Details** White Language Ethnic Group: Coloured Black Asian Surname First Name ID Numbe Second name Home Tel Number Cellphone Numbe Work Tel Number **Email Addres** Marital Indicator Never Married Married Divorced Tribal Widowed Single How Married? Antenuptual Contract Community of Property Customary Law\* (prior to 15/11/2000) Number of Dependants Your Spouse / Life Partner Details Surname First Name Second Name Gender I D No **Address Details Residential Address Postal Address** Line 2 Line 2 Suburb Suburb City City Postal Code Postal Code **Current Insurance Details** 1. With which company are you currently insured? Home Contents Vehicle only Business 2. What do you currently have insured? We offer the following products as well:

PAYDAY LOANS CONSOLIDATION LOANS HOMELOANS INSURANCE BOND SWITCHES

BRIDGING FINANCE - PROPERTY **EQUITY LOANS** CELLULAR DEALS VEHICLE FINANCE INCOME PROTECTOR PLAN BRIDGING FINANCE - PENSION MEDICAL AIDS BUSINESS OPPORTUNITIES DEBT CONSOLIDATION FUNERAL COVER

RESCISSION OF JUDGEMENT/S

PLEASE VI SIT OUR WEBSITE, www.theanthonygroup.co.za FOR MORE INFORMATION ON PRODUCTS AND SERVICES THAT WE OFFER