



MOOIRIVIERTM
MAKELAARS • BROKERS

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APPLICATION: LANDLORD PROTECTION POLICY

Agency / Broker: _____

Referred by: _____

New Application:

SECTION A: LANDLORD DETAILS

Natural Person: <input type="checkbox"/>	Company: <input type="checkbox"/>	Closed Corporation: <input type="checkbox"/>	Trust: <input type="checkbox"/>
(Documentation of legal entity will be requested)			
Registration Number: _____	Contact Person: _____		
Name: _____	Name: _____		
Surname: _____	Surname: _____		
ID Number: _____	ID Number: _____		
Cell Number: _____	Cell Number: _____		
E-Mail: _____	E-Mail: _____		
Residential Address: _____	Postal Address: _____		
_____	_____		
_____	_____		

SECTION B: DETAILS OF TENANT / S

Name: _____	Name: _____
Surname: _____	Surname: _____
ID Number: _____	ID Number: _____
Cell Number: _____	Cell Number: _____
Work number: _____	Work number: _____
E-Mail: _____	E-Mail: _____

SECTION C: DETAILS OF LANDLORD RELATIVE

Name:	_____
Surname:	_____
Contact number:	_____
Email:	_____

SECTION D: DETAILS OF LEASED PREMISES

Residential	_____
Address:	_____

SECTION E: PARTICULARS OF THE LEASE AGREEMENT

From:		Until:														
Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
Capped Amount:	R	15,000 - 00	Rental Payment Date: _____													
Deposit Amount:	R															
Rental per Month:	R															
3.5% of Rental Income:	R		<i>Premium is calculated:</i> 3.5% * Rental Amount Thus: R4,000 * 3.5% = R140.00 * A minimum premium of R135 applies.													
Total Monthly Premium:	R															

SECTION F: BANKING DETAILS (For Debit Order purposes)

Account Name:	_____	Bank:	_____
Branch Name:	_____	Branch Code:	_____
Account Number:	_____	Type of Account:	_____

I _____ the applicant declares as follows:	Yes/ No
1) That I'm entitled and/or authorised to complete the application;	
2) That the contents in the application form are in every respect true and correct;	
3) That I'm aware that the information supplied in the application form is material, and that the insurer will use such information to accept the risk and/or determine the monthly premium and/or provide cover subject to certain conditions;	
4) That I unconditionally agree to inform the insurer immediately of any changes in the information supplied on the application form;	
<i>5) That I have in my possession the original lease agreement signed by all the parties and legally enforceable; and that a copy thereof is attached</i>	
<i>6) That I have obtained full particulars of the tenant and that I have done a proper vetting of the tenant</i>	
7) That a proper credit check (ITC) was done on the tenant (s) and that no defaults or civil judgments appear on their records;	
<i>8(a) That there is no arrear amount in respect of rental or deposit in respect of existing tenant (s) and that the existing tenant (s) did pay the rental punctually for the past three months;</i>	
<i>8(b) That the full deposit and first month's rent has been received from a new tenant before occupation of premises.</i>	
<i>9) That I'm in possession of a copy of the ID documents of all parties concerned (not passport and/or driver's licenses, only valid South African citizen ID's).</i>	
<i>10) That MMP may debit my above- mentioned banking account with the monthly premium, since I accept the policy</i>	
<i>11) I the undersigned confirm that I will make sure of the content of the policy contract and if there is anything which is unclear that I will discuss this with the Agent within 14 days.</i>	
<i>12) I confirm and guarantee with this, that with the signing of this document on all pages, that I declare that I have read the document or page and that I agree in full with my instructions and information to the Broker/Insurer.</i>	
<i>13) I confirm that I received the Statutory Disclosure Document, it was explained to me and that I completed this application out of free will.</i>	
<i>14) I hereby declare that I am aware that, a comprehensive needs assessment cannot be undertaken (due to the nature of the product).</i>	
<i>15) I hereby declare that I must consider whether this product I chose is appropriate pertaining to my goals, circumstances, and needs.</i>	

Documentation need to be forwarded when a claim arises but the Insurer can at anytime request for these documents

Signed at _____ on this _____ day of _____ 20_____.

Applicant Signature

Witness Signature