

SWORN AFFIDAVIT RE CONDUCT

I, the undersigned,

[full name(s)] _____

[ID number] _____

do hereby declare under oath and say that:

1.

I am a major [gender, ie male or female] _____ person with full legal capacity residing at [residential address] _____ and I am duly competent to depose to this Affidavit, the facts of which fall within my personal knowledge and are to the best of my knowledge both true and correct.

2.

I am not an unrehabilitated insolvent.

3.

I have not been convicted by any court of any offence involving dishonesty, or of an offence in terms of the **Long-term Insurance Act, 1998** or the **Short-term Insurance Act, 1998**, for which I was imprisoned without the option of a fine.

4.

I have not entered into an agreement relating to the preferential offer of long-term or short-term insurance business with any other person carrying on long-term or short-term insurance business so as to impair my impartiality in placing long-term or short-term insurance business.

[only applicable to brokers: delete if not applicable]

SIGNITURE (APPLICANT)

Initial

Initial

SWORN and SIGNED before me at _____ on the
_____ day of _____ 20 _____, the deponent
having acknowledged that he/she knows and understands the contents of this
Affidavit, that he/she has no objection to taking the prescribed oath, and that
he/she regards same as binding upon his/her conscience. I certify furthermore
that the Deponent in my presence uttered the following words:

"The contents of this Affidavit are true and correct, so help me God."

COMMISSIONER OF OATHS

FULL NAME:

CAPACITY:

ADDRESS:

Initial

Initial