CRYSTAL HOME COVER



Change of Address / Additional Address Questionnaire

Please tick if applicable	Change of Address	s Ad	ditional Address		Effective Date			
If this is a Change of Ad	dress, please confirm the	e address to be c	leleted.					
Your details								
Full name and Surname	1		Now F	Deatel				
Policy Number		New F						
Tel Number				:55				
Risk Details								
New Risk Address								
Is your dwelling a : -	House	Townhous	se	Groun	d Floor flat	Above ground floor flat		
Is your dwelling in/on a	Security village complex			Establ reside	ished ntial area	Plot / small- holding / farm		
Are the building, outbuild	dings or any gazebos of	standard brick ar	nd tile construction	n? If no,	please provide f	ull details.		
Are the building and out	buildings in a good state	of repair? If no,	please provide full	l details	5.			
Are the building and out	buildings occupied by an	yone other than	you and your fami	ly? If ye	es, please provide	e full details.		
Are the building and out	buildings used for busine	ess or profession	al purposes? If ye	s, pleas	se provide full de	tails.		
Is your property regularly	y left unattended during v	working hours? If	yes, please provi	de deta	ils.			
Bonded, and the interes	t of the bondholder must	be noted? If yes	, please provide d	etails.				
Security details								
Are all opening windows	protected by burglar ba	rs? If no, provide	details.					
Are all external doors fitt	ted with security gates? I	f no, provide deta	ails.					
Is the premises fully wall	led?							
Please provide details o	f further security. E.g., 24	thr guards, guard	ds that patrol, gua	rd huts,	cctv etc.			
Is a fully operational alar	rm installed? Please prov	vide the name of	the service provid	ler.				
Is the alarm linked to a 24 hour control room with armed response?								
Is the alarm activated when the property is left unattended?								
Houseowners (Build	lings)							
electricity and gas conne fences (excluding hedge	es), swimming pools (oth	vays constructed er than portable	of brick, concrete	, pavers nat are l	s, asphalt or ston puilt above groun	water, sewerage, gas, e (not gravel), walls, gate d level) including fixed fi purts, sauna and spa bat	Itration	
Sum Insured								
Householders (Cont								
	ousehold goods, person ormally residing with you					ng to you and any memb	per of	
Sum Insured					, - ~			
Accidental Damage: R20	0.000 per incident. limite	d to R5.000 per i	tem - included at i	no addi	tional premium			
		Increase limit pe				limit per incident to		
Should you require additional cover, please select one of the following: R7,500 - Additional R10.0 month			it per item to		R50,000 a	and limit per item to - Additional R30.00 per		
Signature of Policyholder					Date]	
Santova Financial Services (Pty) Ltd a registered Financial Service Provider (FSP Licence no.: 6018)								
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