



### PART C: DECLARATION BY STUDENT

I, the undersigned applicant, agree and declare that:

1. PPS Holdings Trust may in its sole discretion allow or disallow my application for membership.
2. Confirm that:
  - 2.1 The information provided in this application form is true and correct.
  - 2.2 The application form was fully completed before I signed it.
  - 2.3 PPS Insurance communicates electronically with me about this application.
  - 2.4 A PPS accredited intermediary may contact me with regards to financial solutions offered by PPS.

#### 3 MARKETING CONSENT

- 3.1 The PPS Holdings Trust may send me brochures and other marketing information about PPS Insurance, Investment, Short Term or Profmed Medical Aid. YES  NO

Signature of student:

Place:

Date:  /  /

### PART D: DECLARATION BY INTERMEDIARY WHO FACILITATED THIS APPLICATION

First names:

Initials:  Surname:

National ID number/Passport if no ID:

Email:

Cellular:  Tel Home / Business:

I have explained the use and contents of this form;

I have explained the eligibility criteria for membership;

All information disclosed to me by PPS Holdings Trust and the applicant is and will remain confidential.

I, on my own:  ; or the applicant  ; or we together  ; filled out the application form.

Where I filled out the application form, I accurately and comprehensively recorded all answers, information and disclosures made to me by the applicant.

Signature of intermediary:

Place:

Date:  /  /