

**KEYMAN ASSURANCE QUESTIONNAIRE**

- Name of key-man: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Gender: \_\_\_\_\_
- Occupation and nature thereof: \_\_\_\_\_
- Marital Status: \_\_\_\_\_
- Highest Educational Qualification: \_\_\_\_\_
- Income (If less than R35,000 per month) \_\_\_\_\_
- Smoking Habits: \_\_\_\_\_
- Medical Aid: \_\_\_\_\_
- Amount of cover required: \_\_\_\_\_