

Registration number: BN2017/6844 VAT number: CO0754501112

Head Office: Fairscape Tower, Building 2, Section 19 A &amp; D, 7th Floor, Fairscape Precinct, Plot 70667. PO Box 1221, Gaborone, Botswana

Sales Office: Office 3, 1st Floor, Tebo House. PO Box 670, Francistown, Botswana

Please complete this form in BLOCK CAPITALS and send it to your broker or to Bryte Risk Services Botswana

## Important notes

1. Please print in BLOCK LETTERS.
2. No policy is in force until we have received the fully completed and signed application form and confirmed cover. If we decline your application, we will notify you or your broker immediately.
3. Please (✓) the applicable blocks for yes/no answers.
4. If insufficient space is available on the form please provide answers on the last page under "Additional Information/Comments".

## Broker Details

Agency/broker

## Personal Details

First name(s)

Surname

Date of birth

Postal address

Physical address

Insured's occupation or business

## Contact details

Telephone number -  
work/home/Cell

Email address

## Motor Vehicle Section

Details	Vehicle 1	Vehicle 2
Year of manufacture		
Make and model		
Mead & McGrouther Code		
Maximum amount of cover (retail value)	P	P
Agreed value (specific vehicle criteria if agreed)	P	P
Type of cover	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third party, fire and theft <input type="checkbox"/> Third party only <input type="checkbox"/> Comprehensive excluding theft	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third party, fire and theft <input type="checkbox"/> Third party only <input type="checkbox"/> Comprehensive excluding theft

Class of use	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
<p>A. Private and limited professional and business use: Social, domestic, pleasure and professional use, including travel to and from your home and permanent place of work, study or profession.</p> <p>B. Private, professional and full business use: Social, domestic, pleasure, professional and full business use, including travel to and from your home and permanent place of work, study or profession.</p> <p>C. Private use only: Social, domestic, pleasure purposes only.</p>						

Details	Vehicle 1	Vehicle 2
Registration number		
Vehicle identification number		
Engine number		
Financial interest		
Claim free group		
Vehicle colour		
Overnight parking	<input type="checkbox"/> Carport <input type="checkbox"/> Locked carport <input type="checkbox"/> Lockup garage <input type="checkbox"/> Behind locked gates <input type="checkbox"/> In the open <input type="checkbox"/> Secure parking	<input type="checkbox"/> Carport <input type="checkbox"/> Locked carport <input type="checkbox"/> Lockup garage <input type="checkbox"/> Behind locked gates <input type="checkbox"/> In the open <input type="checkbox"/> Secure parking
Security protection <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Alarm <input type="checkbox"/> Gear lock <input type="checkbox"/> Immobiliser <input type="checkbox"/> Tracking device <input type="checkbox"/> Recovery identification	<input type="checkbox"/> Alarm <input type="checkbox"/> Gear lock <input type="checkbox"/> Immobiliser <input type="checkbox"/> Tracking device <input type="checkbox"/> Recovery identification
Tracking device <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please give the following details a provide certificate		
Tracking device make and model		
Tracking device serial number		
Tracking device installation date		
Registered owner details		
Name and surname		
Identity number		
Principal driver details		
Name and surname		
Identity number		

Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status	<input type="checkbox"/> Cohabitant <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widower <input type="checkbox"/> Widow	<input type="checkbox"/> Cohabitant <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widower <input type="checkbox"/> Widow
Additional driver terms		
Additional drivers <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name, surname and identity number		
1.		
2.		
3.		

<b>Declaration</b>  I declare that the information in this application is, to the best of my knowledge and belief, true and accurate in every respect and that no fact, circumstance or hazard that could affect the acceptance of my application has been withheld. I confirm that this application and declaration shall be the basis of the contract between Bryte Risk Services Botswana and myself.          Signed at _____ on the _____ day of _____ 20 ____    _____ Signature of policyholder
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------