



Tax Enquiry Insurance

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 Authorised Financial Services Provider no: 30071

PROPOSAL AND DECLARATION FOR TAX ENQUIRY INSURANCE

PROPOSERS DETAILS:

Company / Surname		First Names	
ID Number		Occupation/ Business Description	
Company Reg Number		Company VAT No	
Tax Reference No		PAYE No	
Postal Address		Tel No	(W) (H)
			(Cell)
E-mail Address			(Fax)

BROKER DETAILS:

Broker	
Accountant/Auditor/Tax Practitioner	
Introduced by	

PERIOD OF INSURANCE:

Premium Payment Method (Please Tick):	Annual Premium	<input type="checkbox"/>	Premium Payable	R
	Monthly Debit Order	<input type="checkbox"/>		

DEBIT ORDER AUTHORITY:

Name Of Bank			
Branch		Branch Code	
Account Number		Type Of Account	
Account Holders Name			

I hereby authorise The Insurer to draw against the above account (or any other institution to which I may transfer my account) the amount necessary for the payment of the monthly premiums and adjustment premiums due to the Insurers in respect of the insurance herein proposed. I agree that in the event of any debit order not being met by my financial institution the policy will be cancelled and of no effect from midnight on the last day of that month for which the Insurer has received premium. (Subject to the period of grace).

DECLARATION:

I hereby warrant that all the statements included on all pages are true and correct and complete and contain all information known to me affecting the risk under the Sections to be insured and that this and any other written statement made by me or on my behalf for the purpose of the proposed insurance shall be the basis of and incorporated in the contract between myself and the Insurer.

I agree to accept the insurance on the terms and conditions set forth in the policy wording.

I acknowledge that the sharing of information for underwriting and claims purposes (including credit information) is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.

On my own behalf and on behalf of any person I represent herein, I hereby waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me.

I have received the Statutory Disclosure document and I have elected free choice in completing this Proposal for Insurance.

Full Signature Of Proposer:		Date:	
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GENERAL DETAILS:

This insurance is dependent upon true, correct and complete information being given.
All material information, whether asked for or not must be disclosed. Use separate page if required.

- 1) Have you or your business submitted any tax returns after the filing deadline during the past three years?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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- 2) Have you or your business completed and rendered all previous years' tax returns?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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- 3) Have you or your business received any enquiry into a tax return or disputed a VAT or PAYE assessment from the South African Revenue Service in the past 3 years?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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- 4) Have you or your business previously applied for tax amnesty from the South African Revenue Service?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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- 5) Have you or your business ever been sequestrated / liquidated or had judgements against them?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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- 6) Do you know of any current reason or circumstance which could give rise to a claim under this policy?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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- 7) If you have answered "yes" to any of the above questions please elaborate below:

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PREMIUM PRICING (Exclusive of VAT):

Premiums are payable based on a scale of gross income for individuals and gross revenue for companies.
Kindly indicate your approximate income / gross revenue below:

CLIENT CATEGORY: (income / turnover as at last tax year end / company year end)	Select	Gross Annual Premium (Excl VAT)	Gross Monthly Premium (Excl VAT)
Private clients (employed income only up to R 1 000 000)	<input type="checkbox"/>	R 595	R 55
Private clients (employed income in excess of R 1 000 000)	<input type="checkbox"/>	P.O.A.	P.O.A.
Business clients with turnover of less than R 1 000 000	<input type="checkbox"/>	R 1,725	R 158
Business clients with turnover of R 1 000 001 to R 5 000 000	<input type="checkbox"/>	R 2,100	R 193
Business clients with turnover of R 5 000 001 to R 10 000 000	<input type="checkbox"/>	R 2,375	R 218
Business clients with turnover of R 10 000 001 to R 15 000 000	<input type="checkbox"/>	R 2,700	R 248
Business clients with turnover of R 15 000 001 to R 25 000 000	<input type="checkbox"/>	R 4,000	R 367
Business clients with turnover of R 25 000 001 to R 50 000 000	<input type="checkbox"/>	R 5,500	R 504
Business clients with turnover of R 50 000 001 to R 75 000 000	<input type="checkbox"/>	R 7,500	R 688
Business clients with turnover of R 75 000 001 to R 100 000 000	<input type="checkbox"/>	R 9,750	R 895
Greater than R 100 000 000	<input type="checkbox"/>	P.O.A.	P.O.A.

NOTE:

- Qdos reserves the right to amend cover and premium based on the completed proposal form.
- Failure to complete the proposal fully, accurately and supply full details may invalidate the policy and / or claim.
- Please advise your accountant / tax advisor/ tax practitioner should any of the details in this proposal and declaration form change in the future.

Visit our website @ www.qdosconsulting.co.za

Full Signature of Proposer:		Date:	
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