



# Mobile Device Application Form

Thank you for your interest in insuring with MTN Mobile Device Insurance. Kindly complete the below application and email newbusiness@pinnaclemarketing.co.za or fax to 086 454 2729 the completed document. This application will be reviewed and you will be contacted via SMS from submission to confirm insurance application success. Please note that there is no cover until such time as confirmation of cover has been sent.

### Details of Policy Holder:

FULL NAME	
SURNAME	
IDENTITY NUMBER	
CELLPHONE NUMBER	
ADDRESS	
E-MAIL ADDRESS	
TELEPHONE NUMBER/S	

### Contact Details of User: *Please be advised that it is imperative that the user of the device is specified.*

FULL NAME	
SURNAME	
IDENTITY NUMBER	
ALTERNATIVE CONTACT NUMBER	

### Details of Mobile Device to be Insured:

MAKE OF DEVICE	
MODEL OF DEVICE	
IMEI NUMBER	
INSURED MOBILE NUMBER 1	
INSURED MOBILE NUMBER 2	
<p>Sim sure @ R3 extra to have your simcard covered?      Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(Only applicable to Cellphone insurance products and covers the cost of replacing a SIM card which has been lost/stolen or damaged together with the device ).</p> <p>Do you currently have a claim on the device?              Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

### Debit Order Authority:

- Contract – By selecting contract you will be billed along with your MTN Account.
- Pre–paid – By selecting pre–paid you will be billed by Debit Order and will need to complete the Debit Order Authority.

ACCOUNT HOLDER	
NAME	
SURNAME	
BANK NAME	
ACCOUNT TYPE	
ACCOUNT NUMBER	
BRANCH NAME	
BRANCH CODE	
REQUESTED DEBIT DATE	

### Debit order authority:

- I request and authorise Monitor Administrators or Pinnacle Marketing (Pty) Ltd's approved nominee to draw against the above mentioned account, the amount necessary for payment of the monthly premium as and when required and for the amount requested every month until this arrangement is cancelled in writing by either party.
- I accept that if a debit date falls on a weekend, I will be debited on the prior working day.
- If no debit date is selected, Monitor Administrators reserve the right to select the last working day of the month.
- I consent to the information being provided to or from the credit bureau.
- I understand that this debit is separate to my network providers debit order, if pre–paid is selected.

Clients Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### Important to Note:

1. In respect of new insurance, kindly supply together with the above information a copy of the proof of purchase/Tax Invoice for the device to be insured to be attached to your policy for our records.
2. By signing this application, I declare that the device is in my possession and there are no known damages to the device that may arise in a claim.
3. Photographs of the device must be submitted with the application form, we require an image of the front and of the back of the device.