



STUDENT UPGRADE FORM

The Professional Provident Society Holdings Trust No IT 312/2011 (PPS Holding Trust) is a Registered South African Trust
Professional Provident Society Insurance Company Limited Reg No. 2001/017730/06 ("PPS Insurance")
PPS Insurance is an Authorised Financial Services Provider - Licence No. 1044

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PART A MEMBERSHIP Please complete and mark (X) where applicable – Please use a black pen –

Member number

PART B PERSONAL PARTICULARS OF MEMBER

Title: _____ Surname: _____
 Maiden name/previous surname: _____ First names: _____
 Preferred language: Eng Afr Date of birth: (dd/mm/yyyy) _____
 Marital status: Single Married Divorced Widowed Resident in SA: Yes No
 National ID Number/Passport if no ID: _____
 Postal address: _____ Postal code: _____
 Residential address: _____ Postal code: _____
 I choose this residential address as my *domicilium citandi et executandi*.
 Telephone (work): _____ Telephone (home): _____
 Fax number: _____ Cellular number: _____
 E-mail: _____ (1)

PART C ACADEMIC QUALIFICATIONS OF THE MEMBER

1. Are you a student that has recently graduated? Yes No
 If yes, please complete the questions below. If required Proof of Graduation may be requested.
2. Degree(s) awarded _____
 3. Minimum duration of degree(s) _____
 4. Date degree(s) obtained _____
 5. Name of tertiary institution/university(ies) _____
 6. Other tertiary qualifications _____

PART D OCCUPATION OF THE MEMBER (LIFE INSURED)

1. Indicate your current occupation (e.g. Surgeon, Lecturer, Attorney, etc.) _____
Note: If your occupation has a registering body or authority with which you are required to register before you may practise, please provide the following information:
- 1.1 Name the registering body or authority _____
- 1.2 Are you so registered? Yes No If yes, registration number: _____
2. When did you start practicing your occupation? Mm/yyyy _____
3. State the name of your practice or employer: _____

PART E LEGAL TERMS AND NOTES *Please read before signing*

I, the undersigned, agree and declare that:

1. I have obtained the academic qualifications and commenced practicing the occupation reflected on this form. I hereby instruct PPS to update its records in this regard.
2. I understand that I should not sign a blank or partially completed form, where another person will be required, permitted or allowed to fill in other required detail. I perused this application form prior to signing this declaration and confirm that this application form was completed in full before I signed this declaration.
3. I will inform PPS in writing at its head office of a change in my occupation or if I am no longer substantially practising my occupation as indicated on this form.
4. All the information provided in this form are warranted complete, true and correct.
5. If I am granted membership to PPS Holdings Trust I will have the opportunity to vote in matters relating to PPS Holdings Trust.
6. I specifically agree and give consent to PPS Holdings Trust and any and all entities held by PPS Holdings Trust, their subsidiaries, affiliates, Profmed or other persons to provide my personal information to any and all entities held by PPS Holdings Trust, their subsidiaries, affiliates, Profmed or other persons or strategic partners and their representatives, for the purposes of protecting any of my rights or interest, for purpose of informing me of any relevant product offerings and any other marketing.
7. I agree that electronic communication is the authorised means of PPS Holdings Trust to communicate the acceptance of my application. I will be deemed to have received such correspondence sent to me by PPS Holdings Trust within 8 working hours from which PPS Holdings Trust successfully transmitted the correspondence to me. I will carry the risk of such communication.
8. I hereby consent, in terms of article 28 of the Trust Deed, to the sending (as defined in the Trust Deed) of member information (as defined in the Trust Deed) to me by electronic medium (as defined in the Trust Deed).
9. If I am granted membership of PPS Holdings Trust, it will not constitute a guarantee or representation that I will be entitled to purchase insurance products from PPS Insurance or any affiliates.
10. I must upgrade my student membership to regular membership of PPS Holdings Trust before the end of the month following my 34th birthday.

By signing this declaration the applicant confirms that he has read and understood the contents of the application form and that he agrees to all the terms and conditions contained therein.

Signed at _____ this _____ day of _____ 20 _____

Applicant's signature

The introducer who facilitated this application:

Name: _____ Surname: _____ Initials _____

ID number/ Registration number: _____ E-mail: _____

Tel number: (_____) _____ Cell number: (_____) _____

The representative of the PPS Members Relations Division (PPS MRD) who facilitated this application:

Name _____ Surname: _____

ID number/Registration number: _____ Email: _____

Tel number: _____ Cell number: _____