

FINANCIAL STATEMENT/QUESTIONNAIRE PARTNERSHIP COVER/SHARE BUYOUT COVER

All sections must be completed. BNA may be considered in lieu of this questionnaire.

THE INFORMATION DISCLOSED BY YOU WILL BE TREATED IN THE STRICTEST CONFIDENCE

SECTION 1

Name of Partners/Shareholders (with application numbers if applicable)

Partner 1:	_____	Application Number:	_____
Qualification:	_____		
Partner 2:	_____	Application Number:	_____
Qualification:	_____		
Partner 3:	_____	Application Number:	_____
Qualification:	_____		
Partner 4:	_____	Application Number:	_____
Qualification:	_____		
Partner 5:	_____	Application Number:	_____
Qualification:	_____		
Partner 6:	_____	Application Number:	_____
Qualification:	_____		

SECTION 2

Name of Company/Partnership/CC: _____

Registration Number: _____

Nature of business conducted:

Retailer
 Manufacturer
 Wholesaler
 Financial Services

Describe full details of type of business and product/industry: _____

SECTION 3

Partners percentage share in business (percentage share of all partners must equal 100%)

Partner/Shareholder 1	_____ %	Partner/Shareholder 2	_____ %
Partner/Shareholder 3	_____ %	Partner/Shareholder 4	_____ %
Partner/Shareholder 5	_____ %	Partner/Shareholder 6	_____ %

How is the partnership/company/CC valued?

Show how the requested sum assured has been calculated (if a bank or other financial institution has valued the business during the past 3 years please attach valuation).

Earnings Yield
 Dividend Yield
 Intrinsic Value
 Other

Please state valuation methodology and calculation and attach calculations: _____

Result of goodwill calculations R' 000

Nett Asset Value? R _____

Goodwill/(difference between NAV and value of business)? R _____

Value of Business? R _____

Date of goodwill calculations? R _____

How long has the Partnership/Company/CC been actively in business? _____

YES NO
 YES NO

Is a buy and sell agreement in existence?

Are you currently assured in respect of this buy and sell agreement/partnership?

If "YES", how much life cover?

R _____

Please note that in event of any modification or variation of this standard form Resolution Life will regard this form as being invalid and of no force and effect. Do not sign blank or incomplete forms.

SECTION 4

Please provide any other factors for sum assured applied for: _____

If the Partnership/Company/CC is new, please provide business projections, and descriptive business plans etc (also refer to section 5 below).

SECTION 5

(Latest audited/reviewed numbers and three year forecast for business entity)

Audited (reviewed in case of CC and Partnership) accounts for the previous 3 years must be attached. If latest are older than 6 months, latest management accounts must be supplied with comparative numbers.

	Latest R'000	Year 1 R'000	Forecast for: Year 2 R'000	Year 3 R'000
Total Fixed Assets				
Intangible Assets	_____	_____	_____	_____
Property	_____	_____	_____	_____
Other Assets	_____	_____	_____	_____
Investments/Loans	_____	_____	_____	_____
Current Assets				
Stock	_____	_____	_____	_____
Debtors	_____	_____	_____	_____
Prepayments/other	_____	_____	_____	_____
Cash and Bank	_____	_____	_____	_____
Capital Employed				
Total Assets	_____	_____	_____	_____

	Latest R'000	Year 1 R'000	Year 2 R'000	Year 3 R'000
Long term Liabilities (> 12 months)				
Bank Loans	_____	_____	_____	_____
Shareholder loans	_____	_____	_____	_____
Other/Provisions	_____	_____	_____	_____
Short term Liabilities				
Bank overdraft	_____	_____	_____	_____
Short term Loans	_____	_____	_____	_____
Creditors	_____	_____	_____	_____
Other/Provisions	_____	_____	_____	_____
Total Liabilities	_____	_____	_____	_____

	Latest R'000	Year 1 R'000	Year 2 R'000	Year 3 R'000
Total Shareholder/Member funds (Net Assets)				
Shareholder funds	_____	_____	_____	_____
Members contributions	_____	_____	_____	_____
Non-distributable Reserves	_____	_____	_____	_____
Retained earnings	_____	_____	_____	_____

	Latest R'000	Year 1 R'000	Year 2 R'000	Year 3 R'000
Capital Employed				
Income Statement				
Turnover (excl VAT)	_____	_____	_____	_____
Gross Profit	_____	_____	_____	_____
Operating Profit	_____	_____	_____	_____
Net Interest paid (received)	_____	_____	_____	_____
Profit before Taxation	_____	_____	_____	_____
Taxation	_____	_____	_____	_____
Net Profit after Taxation	_____	_____	_____	_____

Directors/Partners Remuneration for Year: _____

Received from:	Company/Partnership	Other	Total
Partner 1	_____	_____	_____
Partner 2	_____	_____	_____
Partner 3	_____	_____	_____
Partner 4	_____	_____	_____
Partner 5	_____	_____	_____
Partner 6	_____	_____	_____

DECLARATION

I/We declare that the information supplied in this Financial Statement/Questionnaire is true and correct, and in respect of forecasts, it represents our best estimates. We agree that such information, together with the application for life assurance and any forms, statements, reports or other information completed or supplied by me/us or any party on my behalf shall form the basis of the contract. I/We declare that no material fact has been withheld, misstated or concealed by me/us and that I/we will disclose all material facts prior to acceptance and commencement of the risk. I/We agree that any misstatement/omission in this Financial Statement/Questionnaire may invalidate the contract, as determined by Resolution Life.

Signed at _____ on this _____ day of _____

Signature of Proposed Insured/ Owners

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____