

# TURNBERRY UPDATE OF INFORMATION FORM 2026

**Insurer:**  
Lombard Insurance Company Limited  
(Reg. No. 1990/001253/06) FSP no. 1596

**Risk and Underwriting Managers:**  
Turnberry Management Risk Solutions (Pty) Ltd  
(Reg no : 2007/026488/07) FSP no. 36571

Broker Name:

Broker Code:

FOR OFFICE USE ONLY	Application No.	<input type="text"/>	Client No.	<input type="text"/>
	Policy No.	<input type="text"/>	Debtor No.	<input type="text"/>

Tel: 011 677 9891 | Fax: 086 676 0777 | Email: newbusiness@turnberry.co.za | Address: 4 Osborne Lane, Bedfordview,

## A. DETAILS OF PRINCIPAL INSURED PERSON

Title:  First Name:  Surname:

ID Number:  Cellphone No.

Home Tel No.  Work Tel No.

Residential or Physical Addresses:

Postal Addresses:

Email:  Medical Scheme:

Medical Scheme No:  Option:  Date Membership Commenced:

In the event of the death of the Principal Insured person in respect of the Critical Illness Benefit or Personal Accident Benefit

Beneficiary Name:  Beneficiary ID:  Relationship:

## B. DEPENDANT DETAILS

Spouse/Partner and children up to the age of 26 years who are registered on the Principal Insured person or Spouse/Partner's Medical Scheme may be added to the Policy at no additional cost

Name of Dependant		Identity Number (Date of Birth if no ID No)	Gender M/F	Relationship to Policyholder
Surname	First Name			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## C. EXTENDED FAMILY COVER

Other Dependants/Extended Family registered on the Principal Insured person or Spouse/Partner's Medical Scheme may be added to the Policy for an additional premium, as detailed below

Product	Ages 26 - 64 (incl)		Ages 65 - 79 (incl)		Ages 80+	
	Rate	Number	Rate	Number	Rate	Number
PREMIER	R189	<input type="text"/>	R613	<input type="text"/>	R781	<input type="text"/>
OPTIMAL	R178	<input type="text"/>	R500	<input type="text"/>	R639	<input type="text"/>
SYNERGY	R176	<input type="text"/>	R495	<input type="text"/>	R632	<input type="text"/>
LAUNCH	R 44	<input type="text"/>	R 76	<input type="text"/>	R115	<input type="text"/>
MED-EXTEND	R163	<input type="text"/>	R616	<input type="text"/>	R787	<input type="text"/>

## D. CONFIRMING UPDATE

Confirming update

Signature: \_\_\_\_\_ Date: