

# 'GAP' NEEDS ANALYSIS

Thank you for taking the time to fill out this questionnaire.  
Please complete and email to [liesl@cmaclp.co.za](mailto:liesl@cmaclp.co.za) and we will get back to you asap.

<b>1. Name</b>		<input type="text"/>
<b>2. ID No</b>		<input type="text"/>
<b>3. Residential Address</b>		<input type="text"/> <input type="text"/>
<b>4. Tel</b>	<input type="text"/>	<b>5. Cell</b> <input type="text"/>
<b>6. Email</b>		<input type="text"/>
<b>7. Indicate how many members should be quoted for</b>		<input type="text"/>
Name	<input type="text"/>	DOB <input type="text"/>
Name	<input type="text"/>	DOB <input type="text"/>
Name	<input type="text"/>	DOB <input type="text"/>
Name	<input type="text"/>	DOB <input type="text"/>
Name	<input type="text"/>	DOB <input type="text"/>
<b>8. Are you currently on a Medical scheme? If YES, please mention scheme name?</b>		
<input type="text"/>		
<b>9. Are you currently on a Gap Cover? If yes, please mention Name and Option?</b>		
<input type="text"/>		
<b>10. Does anyone seeking membership have any chronic conditions?</b>		
<input type="text"/>		
<b>11. Any other existing medical conditions that you are currently treated for?</b>		
<input type="text"/>		
<b>12. Which Gap Cover Companies would you want to receive information about?</b>		
<input type="text"/>		
<b>13. Can I review your short-term insurance (Car and household)?</b>	Yes	No
<b>14. Can I review your Life and annuity policies?</b>	Yes	No
<b>15. Where did you hear of my services?</b>		
<input type="text"/>		