

To expedite your claim, kindly forward all claim documents listed below:

1. Certified copy of the official death certificate issued by the Department of Home Affairs.
2. Certified copy of the claimant/beneficiary's ID or smart card (certified copies of both sides of the card are required.)
3. Certified copy of the deceased's ID or smart card (certified copies of both sides of the card are required).
4. If the main member is deceased and not a South African Citizen, a passport and working visa permit are required.
5. A completed BI/DHA-1663 form (all 3 pages are required - when requested)
6. A completed BI/DHA-1680 form (if the deceased died at home)
7. Copy of the claimant's most recent stamped bank statement, showing banking details, not older than 3 months.
8. A Medical report for stillborn child.
9. A copy of the police report or accidental report if death was due to unnatural causes.
10. Official confirmation of registration as a full time student from a registered tertiary institution or medical report confirming disability of a dependent child, if the deceased assured life is between the ages of 22 (twenty two) and 26 (twenty six) years of age.

Additional documentation may be requested to assess the claim.

A. Details of claimant/beneficiary	
Claimant/Beneficiary's Employer _____	Occupation _____
Title _____	Initials _____ Gender <span style="border: 1px solid black; padding: 0 5px;">M</span> <span style="border: 1px solid black; padding: 0 5px;">F</span>
Full names _____	Surname _____
Marital status _____	Nationality _____
Date of birth _____	ID/passport number _____
Country of birth _____	Country of residence _____
Email _____	Cellphone number _____
Physical/Postal address _____	
City/Town _____ Code _____	

B. Details of the deceased	
Surname _____	Title and initials _____
Full names _____	Passport / ID number _____
Date of birth _____	Date of death _____
Cause of death _____	Relationship to claimant _____

C. Settlement of benefit	
Payable to _____	Relationship _____
Name of account holder _____	Name of bank _____
Account number _____	Branch _____
Branch code _____	Type of account _____
If the settlement of the benefit is being paid to a service provider please provide a bank statement not be older than three months or bank account confirmation letter.	

D. Declaration by claimant / beneficiary – third party payments (To be completed if the benefit is payable to a third party)	
I, the abovementioned claimant / beneficiary, acknowledge and accept that by signing this discharge form that the total and absolute liability of Sanlam will be limited to payment of the insured amount claimed under the policy and that such payment will relieve Sanlam of any further liability hereunder.	
I, _____ (Name & Surname) give authority to Sanlam	
to pay the benefits to _____ (Recipient's name) in the amount of	
R _____ (Rand & cents)	
_____ Signature of Claimant/Beneficiary	_____ Signature of Witness
Y Y Y Y / M M / D D _____ Date	

### E. Declaration by claimant

I, the undersigned \_\_\_\_\_ am duly authorised hereto, declare that the deceased was a legal participant of this Policy. I hereby indemnify Sanlam Developing Markets Limited from any and all, liabilities and/or claim further arising from the policy and against any responsibility or liability resulting from erroneously depositing the said benefits into any other bank account owing to the incorrectness of the particulars above. Should such authorisation be revoked for any reason whatsoever and the benefits have already been paid out to me, I will be liable to refund the Insurer all amounts paid out immediately.

I, the undersigned, hereby acknowledge that I understand the content contained herein and certify that the above information is true and correct in every detail.

By signing this form; I give Sanlam permission to use my information to check whether it appears on any sanction/crime watch lists, as required by law, and to inform the relevant legal bodies if it does appear on any sanction/watch lists. I understand that, in terms of the law, Sanlam cannot pay any benefits/refunds to me if my details are on any sanction lists.

\_\_\_\_\_  
Signature of Claimant/Beneficiary

Y Y Y Y / M M / D D  
\_\_\_\_\_  
Date

### F. Employer details

Name of employer _____	Name of scheme _____
Contact Person _____	Telephone number _____
Fax number _____	Email _____

### G. Declaration by employer

\_\_\_\_\_  
Signature of authorised person

Y Y Y Y / M M / D D  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Designation of authorised person

\_\_\_\_\_  
Company stamp

### H. Contact us

Physical address:	Greenhill Village Office Park, Candlewood Building, Ground Floor, c/o Nentabos & Botterklapper Street, Pretoria, 0184
Email address:	Claims@phakama.co.za
Telephone:	012 348 8310
Fax:	086 514 1115