

IMPORTANT INFORMATION

- Please complete all sections in **BLACK** ink
- All sections must be completed in full
- An **approved** Commissioner of Oaths **MUST** certify all copies
- All copies must be legible. Photocopies and certifications must be clear
- All supporting documentation must be submitted together with this form in order for the claim to be paid
- We require proof of the banking details (such as a cancelled cheque or a bank statement) confirming the account holder's full name, account number and branch code. Payment by electronic transfer will be made to the beneficiary's bank account. Please ensure that the banking details provided are accurate
- Sanlam Developing Markets Limited reserves the right to request additional documentation before finalising the claim

A. DETAILS OF THE SCHEME

Policy Number

B. DETAILS OF THE BENEFICIARY / CLAIMANT

Date of Commencement YYYY/MM/DD

Surname..... Title & Initials

Full Names.....

ID / Passport Number..... Date of Birth YYYY/MM/DD

Relationship to Principal Member.....

Contact No..... Mobile No.....

Email Address.....

Physical Address

..... Postal Code

Postal Address

..... Postal Code

C. DETAILS OF THE PRINCIPAL MEMBER / MAIN MEMBER

Date of Commencement YYYY/MM/DD

Surname..... Title & Initials

Full Names.....

ID / Passport Number..... Date of Birth YYYY/MM/DD

Contact No..... Mobile No.....

Email Address.....

Physical Address

..... Postal Code

Postal Address

..... Postal Code

D. DETAILS OF THE DECEASED

Surname..... Title & Initials

Full Names.....

ID / Passport Number..... Date of Birth YYYY/MM/DD

Date of Death YYYY/MM/DD Relationship to Member

Cause of Death

Doctor's Name

Practice No. Mortuary Name

E. BANK ACCOUNT DETAILS

Account Holder

Bank Name Branch

Account Number

Branch Number Account Type

F. INDEMNIFICATION

I, the undersigned, in my capacity as the entitled beneficiary of the abovementioned policy, authorise the payments to be made as requested above, and I hereby indemnify Sanlam Developing Markets Limited from any and all liabilities and / or claims 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.

I confirm that I have submitted all the required documents as described in the claim requirements form

Name of Claimant	Signature of Claimant	Date

THIS SCHEME IS UNDERWRITTEN BY SANLAM DEVELOPING MARKETS LIMITED, LICENSED FINANCIAL SERVICES PROVIDER, FSP NUMBER 11230