



CLAIM FORM: CREDIT LIFE

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of deceiving the company. Penalties may include imprisonment, fines and denial of the insurance benefit. African Bank is a registered credit and financial services provider.

DEATH CLAIM

DEATH CLAIM

Complete the following section: A

The following documents should be included:

- Certified copy of Death certificate

DISABILITY CLAIM

DISABILITY CLAIM

Complete the following section: A + D + E

The following documents should be included:

- Certified copy of Termination Letter
 A copy of a medical report with the doctors stamp

RETRENCHMENT CLAIM

RETRENCHMENT INSTALMENT CLAIM (initial claim)

Complete the following section: A + B

The following documents should be included:

- Certified copy of Retrenchment Letter
 Certified copy of the UI-19 document

RETRENCHMENT SETTLEMENT CLAIM (unemployment longer than 6 months)

Complete the following section: A + B

The following documents should be included:

- Affidavit (declaring current employment status, 6 months from retrenchment)
 Bank statements (6 months from retrenchment)

RETRENCHMENT RE-EMPLOYMENT CLAIM (re-employment within 6 months)

Complete the following section: A + B

The following documents should be included:

- Employment confirmation

SHORT TIME/ TEMPORARY LAYOFF

Complete the following section: A + C

The following documents should be included:

- Letter from employer
 Pay slip prior to event
 Pay slip/s during event

CLIENT DETAIL

Loan account number/s

Insured surname and full names

South African Identity number

Foreigner Passport number

Foreigner working permit number

Work permit expiry date

Postal address

Postal code

Contact telephone number

Email address

PROCESSING OF PERSONAL INFORMATION IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT 4 OF 2013

Your privacy is of utmost importance to Us. We will take the necessary measures to ensure that any and all information, including Personal Information (as defined in the Protection of Personal Information Act 4 of 2013) provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner and kept for the period prescribed by the Applicable Laws.

You hereby agree to give honest, accurate and up-to-date Personal Information which may be used for the following reasons:

1. to establish and verify your identity in terms of the Applicable Laws;
2. to enable Us to fulfil our obligations in terms of this Claim;
3. to enable Us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and
4. reporting to the relevant Regulatory Authority/Body, in terms of the Applicable Laws.

We may share your information for further processing with the following third parties, which third parties have an obligation to keep your Personal Information secure and confidential:

1. Payment processing service providers, merchants, banks and other persons that assist with the processing of any benefit payable;
2. Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
3. Regulatory authorities, industry ombudsmen, governmental departments, local and international tax authorities, and other persons that we, in accordance with the Applicable Laws, are required to share your Personal Information with; and
4. Credit Bureau's.

You acknowledge that any Personal Information supplied to Us in terms of this Claim is provided according to the Applicable Laws. Unless consented to by yourself, We will not sell, exchange, transfer, rent or otherwise make available your Personal Information to any other parties and you indemnify Us from any claims resulting from disclosures made with your consent. Such Personal Information provided (voluntarily, unconditionally and specifically) will be utilised by Us or by any appointed third parties, on our behalf, and will be kept for such period as legislated according to the Applicable Laws.

SECTION A
Insurance detail

You understand that if We have utilised your Personal Information contrary to the Applicable Laws, you have the right to lodge a complaint with Guardrisk within 10 (ten) days. Should Guardrisk not resolve the complaint to your satisfaction, you have the right to escalate the complaint to the Information Regulator.

Signature of client/ next of kin: _____ Date: _____

RETRENCHMENT CLAIM

Name of employer

Telephone no. of employer

Postal address of employer

Postal code

Date employed by employer

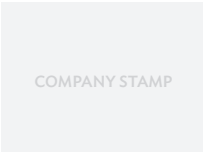
What was the last date you attended work?

What was the employee's occupation immediately before retrenchment/ redundancy?

What basis employed Permanent Contract Temporary

Reason for loss of employment
 Retrenchment Redundancy Voluntary retrenchment Resignation Dismissal Liquidation Expiry of contract

Has the employee been offered an alternative position in your company/ group Yes No



DECLARATION BY EMPLOYER

I hereby declare that the answers given by me on this document are true and correct and that no material information has been neither withheld, nor relevant circumstances omitted.

**Please provide a copy of the official retrenchment letter.*

Company official name _____

Date completed: _____

Telephone number: _____

Signature: _____

SHORT TIME/ TEMPORARY LAYOFF

Name of employer

Telephone no. of employer

Postal address of employer

Postal code

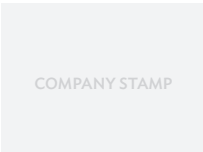
Date employed by employer

Is the employee on SHORT TIME or TEMPORARY LAYOFF?

When did the short time/ temporary layoff start?

Is the employment receiving lesser income as a result? Yes No

When will normal working conditions resume?



SECTION B
To be completed by employer

SECTION C
To be completed by employer

continue to right side

DECLARATION BY EMPLOYER

I hereby declare that the answers given by me on this document are true and correct and that no material information has been neither withheld, nor relevant circumstances omitted.

**Please provide a copy of the official retrenchment letter.*

Company official name _____

Date completed: _____

Telephone number: _____

Signature: _____

DISABILITY CLAIM

Details of employment

Name of employer

Period of employment

Capacity

Did the life insured attend work regularly? Yes No

Describe the exact nature of duties if possible (Please attach job description)

Was he/ she employed permanently on the date of disablement?

If "no", give full particulars

Is he/ she presently employed in any capacity whatsoever? Yes No

If "yes", please state in what capacity

DETAILS OF RENUMERATION

Is any remuneration payable to him/ her as a result of the disability? Yes No

Has any remuneration been paid by your company? Yes No

If "yes", please state nature

Amount R Term

From any other source? Yes No

If "yes", please state nature

Amount R By whom?

SUSPENSION/ TERMINATION OF EMPLOYMENT

Date of disablement

Cause of disablement

GENERAL

Is the disability as a result of a motor vehicle accident? Yes No

In your opinion, is he/ she able to do any other type of work for remuneration? Yes No

Is so, what type of work?

SECTION D
To be completed by employer

continue on page 3

