



CERTIFICATE OF EXISTENCE FOR A CLAIM

(To be completed by claimant)

Your claim will only be considered if every question has been completed in full.
To ensure the continuance of your payments, we require you to sign this form in the presence of one of the persons set out below.

Return the completed form and the above documents to lifecclaims@hollard.co.za or fax to 086 659 0135.

1. LIFE ASSURED DETAILS

Policy no.

Full name

ID no.

Cell no.

Tel. no. Fax no.

Residential address

Postal address

2. DECLARATION

I certify that the above named has confirmed that he/she is entitled to this benefit and has signed this form in my presence.
To be signed/dated and stamped by one of the following Commissioners of Oaths.

Magistrate <input type="text"/>	Consultant <input type="text"/>
Commissioner of oaths <input type="text"/>	Bank official <input type="text"/>
Address <input type="text"/>	Clergyman <input type="text"/>
Official stamp date <input type="text"/>	Official stamp <input type="text"/>
Signature (claimant) _____	Date <input type="text"/>
Signature (witness) _____	Date <input type="text"/>

Important notice:
Anyone that receives payment to which they are not entitled could be liable for prosecution.