



# **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 lifeclaims@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 addre	ss	

# **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	Consultant
Commissioner of oaths	Bank official
Address	Clergyman
Official stamp date	Official stamp
Signature (claimant)	Date
Signature (witness)	Date

#### Important notice:

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

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Hollard cares about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.