

BUSINESS OVERHEAD EXPENSES BENEFIT CLAIM FORM

(To be completed by Life Insured)

Please note that it is essential to complete this form in full to prevent unnecessary delays as a result of missing information.

The following must be included when submitting this form:

- A certified copy of the claimant's identity document (within 3 months)
- Proof of bank account details of the claimant (e.g. copy of original bank statement within 3 months)
- Proof of residence if address is not on the bank statement (within 3 months)
- Proof of all business expenses detailed below

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

If the policyholder is a Company, Close Corporation, Partnership, Sole Prop, Trust or Unincorporated Entity, please complete the FICA Form.

1. Life Insured's details

Policy no. _____ Identity no. _____

Name of Life Insured _____

Date of birth

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 Work tel. no. _____

Home tel. no. _____ Cell no. _____

Email address _____ Mandatory

Physical address _____ Postal code _____

Postal address _____ Postal code _____

Country of residence _____

Employer's name _____

Occupation _____

2. Business details

Name of company _____

Business tel. no. _____ Fax no. _____

Business address _____ Postal code _____

Postal address _____ Postal code _____

What is the exact nature of the business? _____

How long has the company been in business? _____

State share/interest in business _____

Statement of expenses for the period being claimed for:

Description	Number	Total monthly payroll
Administration		R
Secretarial		R
Artisans		R
Assistants		R
Other		R
TOTAL		R

Expense details:

Description	Expense
Mortgage/rent/lease	R
Water	R
Electricity	R
Telephone	R
Maintenance and janitorial services	R
Property and liability insurance premium(s)	R
Other (specify)	R
TOTAL	R

3. Accounting details

Full name(s) of accountant/auditor _____

Under which company name does he/she trade? _____

Tel. no. _____ Fax. no. _____

Email address _____ Mandatory

Business address _____ Postal code _____

Postal address _____ Postal code _____

4. Declaration by Life Insured

I am entitled to make a claim on this policy and accept that the proceeds arising from this claim will be payable to:

- a. the cessionary on Hollard Life records if the policy has been ceded, otherwise to
- b. the policyholder in all other circumstances.

I declare the above details are true and complete. I authorise any doctor or any other person who has attended to the life insured, or any hospital or other institution that has medical information about the life insured or claimant, to disclose such information to Hollard Life.

Please take note of the following Hollard disclosure:

Protection of Personal Information Act (POPIA)

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.

Financial Intelligence Centre Amendment Act (FICAA)

In accordance with applicable anti-money laundering laws in South Africa, we are required to obtain specific information and evidence to verify your identify (and in many cases the identities of related persons, such as but not limited to directors, beneficial owners and persons instructing us on your behalf (where applicable)) when applying for cover and on an on-going basis. If we ask you for information or documents (including originals or certified copies) you must provide them to us as soon as possible. If we do not receive adequate information and evidence within a reasonable time of our request we may be unable to provide you with cover or may cancel the policy in accordance with applicable law.

Full name _____

Signature _____

Date

D	D	M	M	Y	Y	Y	Y
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