

REFUND OF CREDIT REQUEST

(To be completed by policyholder)

The following documentation is to accompany this request:

- a. Proof of Banking account, for the premium payer, not older than three months
- b. Proof of address for the policyholder.
- c. Copy of identity document for the policyholder.
- d. Copy of identity document for the premium payer. (if different.)

Please Note: Hollard Life will process a refund where a credit exists on a policy. If the credit is a result of a debit deduction, please allow 10 working days for debit clearance.

Return the completed form to lifeclientservice@hollard.co.za or fax to 011 547 7777.

Policyholder details

All Fields Are Mandatory

If the policyholder is a company or trust, please ignore this section and complete applicable addendum.

Policy no. _____

Tel. no. _____ Cell no. _____

Email address _____

Identity no. _____

Full name _____

Residential address _____ Postal code _____

Postal address _____ Postal code _____

Employer _____

Occupation _____

Source of wealth _____

Source of income _____

Country of residence _____

Premium payer (if different to the Policyholder)

All Fields Are Mandatory

If the premium payer is a company or trust, please ignore this section and complete applicable addendum.

Policy no. _____

Tel. no. _____ Cell no. _____

Email address _____

Identity no. _____

Full name _____

Residential address _____ Postal code _____

Postal address _____ Postal code _____

Employer _____

Occupation _____

Source of wealth _____

Source of income _____

Country of residence _____

Banking details

Mandatory

Please ensure all details are correct. Hollard Life accepts no responsibility if incorrect banking details are provided.

Account holder name _____

Bank _____

South African Bank Account no. _____

Type of account _____

Branch code _____

Account holder signature _____

Please take note of the following Hollard disclosures

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 identity (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.

Signed at _____ Date

D	D	M	M	Y	Y	Y	Y
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Policyholder name _____

Policyholder signature _____

