



# Policy Owner Form for Critical Illness and Disability Claims

# Hollard.

**(To be completed by the life assured, the trustees of the trust or directors of the company)**

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

The following copies must be included when submitting this form along with any other pertinent information to this claim:

- a. For a trust, we require sight of the trust deed and certified copies of the trustees' IDs.
- b. For a company-owned policy, we require sight of the company CK document and resolution of authorised signatories.

Return the completed form and the above documents to [lifecclaims@hollard.co.za](mailto:lifecclaims@hollard.co.za) or fax to 086 659 0135.

## 1. Details of life insured

Policy no. \_\_\_\_\_ ID no. \_\_\_\_\_  
 Full name \_\_\_\_\_

## 2. Details of policy owner

Full name \_\_\_\_\_  
 ID no. \_\_\_\_\_  
 Tel. no. \_\_\_\_\_ Cell no. \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 Postal address \_\_\_\_\_

## 3. Declaration by policy owner

I confirm that I legally represent the policy owner. I am aware that the life insured has submitted a claim to Hollard Life on behalf of the policy owner. I have requested the life insured to complete the claimant form and provide all the medical information required to assess the critical illness/disability claim.

**Signature**  
(policy owner) \_\_\_\_\_

**Date** | D | D | M | M | Y | Y | Y | Y |