



Certificate of Existence for a Claim

Hollard.

(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.

Note that Hollard Life does not deduct tax from any income disability benefit payments as of 1 March 2015.

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

1. Policy owner details

Policy no. _____ ID no. _____

Full name _____

2. Claimant details

Full name _____

ID no. _____

Cell no. _____

Tel. no. _____ Fax no. _____

E-mail address _____ Mandatory

Residential address _____

Postal address _____

Relationship between claimant and life insured: (e.g. father/son) _____

3. 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

D	D	M	M	Y	Y	Y	Y
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Signature (witness) _____

Date

D	D	M	M	Y	Y	Y	Y
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Important notice:

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