CLAIM FORM CREDIT LIFE: RETRENCHMENT



Suite 09A, Monpark Building, 76 Skilpad Avenue, Monument Park, Pretoria, 0081 • Tel: 086 127 3342 • claims@groupsrus.co.za • www.groupsrus.co.za

Retrenchment Claim				
Policy Holder Details				
Policy Number Title ID Number ID Numb				
Full Names & Surname Date of Birth				
Complete this section only if your details have changed				
Physical Address Code Code				
Postal Address				
POPI Act Disclosure and Permission:				
(1) In line with the Protection of Personal Information Act no. 4 of 2013 I hereby give consent that all personal information supplied herewith may be used for the sole purpose related to the document intent herewith. (2) I further consent that the data be used or exchanged with 3rd parties to validate information, fraud prevention, investigations, payments processing and product related marketing campaigns. I provide consent for Groups Are Us (Pty) Ltd to share my information with the external compliance officers for quality control and risk mitigating matters. (3) Section 18 of the FAIS Act requires that records like client transactions, complaints, cancellations and financial records be kept for five (5) years. I understand that I can exercise my right to opt-out and avoid or stop any further use of my personal data within this disclosure after the record keeping requirement period is over. (4) I acknowledge and understand that I can make contact with the Information Officer of Groups Are Us (Pty) Ltd to lodge a complaint for any suspected abuse and/or regulatory misconduct around my personal information processing or if personal information is being used for any reasons outside the intent of this document.				
Step 1: Complaints Process Groups Are Us Information regulator Suite 9A P.O Box 31533 76 Skilpad Road Monument Park Johannesburg Pretoria 2017 1881				
Mail: info@Groupsrus.co.za Mail: complaints.IR@justice.gov.za *For our Privacy Policy please refer or visit: www.groupsrus.co.za				
Section B: Nominated Credit Provider Details (If Applicable)				
Credit Provider Loan Agreement Account Number Outstanding Balance Credit Provider Contact Person Name & Surname Credit Provider Contact Person Contact Details				
Credit Provider Bank Account Details (If Applicable)				
Credit Provider Bank Account Number Branch Code Bank Account Type				
Section C: Support 4 U Plan Details				
Have you claimed on this policy before for any reason? If you answered "Yes"; Please supply dates and claim numbers Date Date Date Date Date Date Date O NO Claim No Claim No Claim No If you answered "YES"; please supply details of insurer, for unemployment or retrenchment, or will you do so in the near future? Yes No If you answered "YES"; please supply details of insurer, policy numbers and claim numbers				
1] Insurer Policy Number Claim Number Claim Number Claim Number 2] Insurer Policy Number Claim Number				
Section D: Work Details of Person Retrenched				
What work do you normally do? Please supply the following information of your last employer Full Names and Surname Address Contact numbers Home Employee/clock number Work Weekly hours Date you started working there/or became employed DDMMYYYY Date you were informed that you will be retrenched DDMMYYYY Reason for being retrenched				
Have you worked for the same employer for more than 12 Months? YES NO If you answered "NO"; please supply details of the previous employer Full Names and Surname				

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Retrenchment Clain	h			
Date you started working the At the time of completing this	Home Work ere Dom May y y y y s form, did you have another job? Yes ich day did you or will you start your emp		MYYY	
Section E: Details re	egarding unemployment insu	rance fund (UIF) of retrend	ched person	
Have you claimed on this pol If you answered "YES"; please Full Names Designation Contact Numbers Date you submitted your UIF UIF Office Address	e supply details of UIF contact person Work	Cell	Code	
Section F: What we need				
1] Make sure you supply us with a copy of the following: • Your IRP1 [your last employer would have given this to you when you left their employment]. • The letter telling you about your retrenchment. • A copy of your letter of employment. • You have answered all the questions that apply to you. • You are sending all the papers we have asked for in this form. • You have read and signed the Declaration and Authorisation below. 3] Make sure that you return this claim to us immediately upon being notified of your retrenchment. You need to be continuously unemployed for more than 90 days before the claim will be settled.				
Declaration				
I declare that the statements that I have responsibility to give all necessary into Signature	ed in the policy and have not been given work in any cave made are true. I agree that if they are found to be formation to the Tax Authorities and to meet any Tax Date DDMMYYYYY	false, I lose all my rights under the policy. I fully u		
Authorisation				
employers, recrui <mark>tm</mark> ent or employme	g Markets and any of its representatives to make any int agencies, UIF or elsewhere.	enquiries and obtain any information the consideration	er relevant from my past	
Signature	Date D D M M Y Y Y			
Section G: To be filled in by Support 4 U				
Policy / Agreement Number Length of Policy Date Policy was started Amount to be paid Full Names & Surname Position	D D M M Y Y Y Y			
Signature	Date D D M M Y Y Y			
Section H: Supporting Documentation Required				
Retrenchment (Copy of Loan CCopy of Sanlam Client/Borrowel Insurance Cont Copy of Policyh	Claim Form Contract In Developing Markets Policy Certificate In Statement from your Loan Management Systemate Cost Report (Proof of previous policies winolder's Identity Document Letter from Employer on company letterhead		Only N N N N N N N N N N N N N N N N N N N	
Claimant Signature Da	ate of Application	Claim Processor: Name and Signature	Date: Finalised	