

Death Claim

Section A: Details of insured

Title								
Full Names and Surname								
Date of Birth	<table border="1"> <tr><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>	D	M	M	Y	Y	Y	Policy Number
D	M	M	Y	Y	Y			
ID Number								
Date of Death	<table border="1"> <tr><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>	D	M	M	Y	Y	Y	
D	M	M	Y	Y	Y			

Section B: Nominated Credit Provider Details (If Applicable)

Credit Provider		
Loan Agreement Account Number		
Outstanding Balance	R	
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: Details of person completing this form

Title		
Full Names		
Email Address		
Postal Address		
Cellular Number		
Work Number		
	Code	

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
 Suite 9A
 76 Skilpad Road
 Monument Park
 Pretoria
 0181
 Mail: info@groupsrus.co.za

Step 2: If complaint is not resolved

Information regulator
 P.O Box 31533
 Braamfontein
 Johannesburg
 2017
 Mail: complaints.IR@justice.gov.za

*For our Privacy Policy please refer or visit: www.groupsrus.co.za

Claimant Signature

Date of Application

Section D: Nominated Beneficiary

Full Names and Surname		
ID Number		
Contact Details	Cell	Home
Bank Name		
Account Number		
Amount Payable	R	
	Branch Code	

Section E: Supporting Documentation Required

	Office Use Only	
Death Claim Form	Y	N
Copy of Loan Contract (If Applicable)	Y	N
Copy of Sanlam Developing Markets Policy Certificate	Y	N
Client/Borrower Statement from your Loan Management System (If Applicable)	Y	N
Copy of Policy Holder's (Deceased's) Identity Document	Y	N
Copy of Death Certificate	Y	N
If the claim event is due to unnatural causes, please include the police report	Y	N
Copy of Beneficiary's Identity Document	Y	N
Proof of Beneficiary's Bank Account	Y	N
BI 1163 Form (Notification of death?still-birth)	Y	N

Claim Processor: Name and Signature

Date: Finalised

Claim Supervisor: Name and Signature

Date: Finalised

Mail completed form to claims@groupsrus.co.za