

CREDIT LIFE

RETRENCHMENT CLAIM FORM (CLA 9)



Kindly answer all questions in full and complete in black ink. If you have any problems completing the form, please call us on (061) 295 2876. Send the completed form to us by email at claimsnednamibialife@nedbank.com.na

Note: Original claim documents should be submitted to NedNamibia Life Assurance Company Limited office directly or at your nearest Nedbank branch. Although NedNamibia Life Assurance Company will commence the assessment of the claim on receipt of any electronic submission, the finalisation of the claim and ultimate disbursement under the Policy will only happen once the original documentation has been received by either NedNamibia Life Assurance Company Limited or any Nedbank Branch.

CHECKLIST (FOR CLIENT)

- A completed Retrenchment Claim Form (CLA 9)
- Original certified copy of the claimant's identity document
- Original certified copy of Letter of Appointment
- Original certified copy of Letter of Retrenchment
- Original certified copy of Salary Advice

CHECKLIST (FOR OFFICIAL USE ONLY)

- Copy of the initial Loan Application Form
- Copy of Credit Life Application Form
- Statement of Account (instalment history)

NedNamibia Life Assurance Company **will only accept** original certified copies of the Supporting Document, duly certified by a Commissioner of Oaths.

NedNamibia Life Assurance Company reserves the right to request any additional information and documentation it deems necessary to verify the claim. Incomplete details and unclear documentation may cause delays and may need to be requested again.

1. PERSONAL PARTICULARS

Full name

ID/Passport

Address

Line 1

Line 2

Suburb

Town Code

Email address

Tel (h) Tel (w) Cell

Occupation at time of retrenchment

2. EMPLOYMENT DETAILS

Name of employer (from whom you were retrenched)

Name of immediate manager (at date of retrenchment)

Contact details of this manager

Tel (h) Email address

Position held at date of retrenchment

Date of joining this employer

Date last actively worked

When were you advised of your retrenchment?

Date last salary payable

Reason for retrenchment

Have you taken part in any labour action (ie voluntary strike, wage disputes, etc) over the past 12 months? Yes No

If 'Yes', please provide details:

2. EMPLOYMENT DETAILS (Continued)

Have you been offered any positions since the date of retrenchment?

 Yes No

If 'Yes', please supply details:

Have you accepted a position with any company since the date of your retrenchment?

 Yes No

If 'Yes', please supply the Name of the Company:

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Contact person

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Telephone (w)

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Date of commencement of employment

d	d	m	m	y	y
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3. DECLARATION BY CLAIMANT

I,

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 hereby declare that I am the person assured under the

aforementioned policy and that all particulars given are, to the best of my ability/knowledge, both true and correct in all its aspects. I hereby irrevocably authorise NedNamibia Life Assurance Company Limited:

- To obtain from any person, whom I hereby authorise and request to give, any information which NedNamibia Life Assurance Company Limited deems necessary; to process this claim; and
- To share with other insurers that information and any information contained in this claim form or in any related policy or other document, either directly or through a database operated by or for insurers as a group, at any time (even after my death) and in such detailed, abbreviated or coded form as may from time to time be decided by NedNamibia Life Assurance Company Limited.

Signature of claimant

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at

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on

d	d	m	m	y	y
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Signature of witness

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Name of witness

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4. FOR OFFICIAL USE | BANK STAFF DECLARATION

Employee Number

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I, [First name(s)]

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(Surname)

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declare that the above information is a true reflection of the information furnished by the claimant, and that the claim form has been completed in full and that all the requirements specified in the checklist accompany this claim form. All requirements are clear, legible documents and there are no evident alterations. I further declare that the claimant:

[First name(s)]

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(Surname)

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has identified him/herself by means of a valid ID document.

ID no (copy attached)

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Signed

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at

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Branch

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on

d	d	m	m	y	y
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at

h	h	m	m
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