

Cashback claim

Policy number

[illegible]

ASSUPOL
SERVING THOSE WHO SERVE SINCE 1913

Dear Client. As the person claiming, you must give us all information and documents necessary and sufficient to consider and finalise this claim. Your information and documentation is collected for legitimate insurance purposes and will be used to pay your claim accurately and effectively. Our claim rules and practice apply. Please complete this form fully and correctly, and sign it where required, in black ink. Then, give it to us with all the documents we need or e-mail it to **claimsregistration@assupol.co.za**

We pay valid claims for benefits within five working days, after we have received all required information and documents. If you need assistance about your claim, contact us on 0861 235 664.

Documents you must give to us

- A copy of your bank statement is required if the benefit must be paid into a bank account that your premiums are not deducted from or if your premiums are not paid via debit order. The benefit will be paid into the bank account listed on the bank statement provided.
- **Recurring withdrawals:** there is no need to submit a new bank statement if the bank statement submitted for a previous withdrawal is for the same bank account that this withdrawal must be paid into.

About you, the person claiming

Surname	<input type="text"/>	Initials	<input type="text"/>
ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Persal/ personnel no	<input type="text"/>
Cell	<input type="text"/>	Tel – work	<input type="text"/>
E-mail	<input type="text"/>	Tel – home	<input type="text"/>
Street address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Postal address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Job title	<input type="text"/>	Employer	<input type="text"/>

Bank account into which cash benefits must be paid

This section is compulsory and must be completed by the person claiming.

Account holder																
ID													Type of account	current	savings	transmission
Name of bank													Name of branch			
Account number													Branch code			

I, the person claiming, declare

I have not withheld any information or documents that Assupol Life needs to consider and finalise this claim. This form has been completed fully and correctly. Everything in it is true, and I understand it and agree with it.

I confirm the above bank account number is correct and was completed by me. I confirm the benefit must be paid into the bank account as noted on this claim form.

I can confirm that the process for claiming benefits has been explained to me. I confirm I had access to the applicable product information.

I give Assupol consent to process my Personal Information for the intended purpose, where it is deemed adequate, relevant and not excessive.

Policyholder signature	<div></div>	Date	<div>d</div> <div>d</div> <div>m</div> <div>m</div> <div>y</div> <div>y</div> <div>y</div> <div>y</div>
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About Assupol

Assupol Life Ltd (registration number 2010/025083/06), is an insurer licensed to conduct life insurance business.
Authorised financial service provider. FSP53.

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