

CAPITAL ALLIANCE LIFE LIMITED

Reg. No.1969/008187/06

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www.capitalalliance.co.za

An authorised financial services provider



CAPITAL ALLIANCE
Group Risk

Credit life claim form

Tick where applicable

A. Creditor's details

Creditor's name _____

Capital Alliance policy reference number _____

B. Life assured's details

Life assured's surname _____

First names _____

ID number

Date of birth

Contract inception date

C. Benefit selection

Death

Date of death

Installment indemnity cover (retrenchment)

Date of retrenchment

Monthly installment amount R _____

D. Supporting documents

(supply copies with original certification)

(a) Death certificate

(b) ID or birth certificate

(c) Copy of loan/credit agreement

(d) Detailed loan/credit statement from inception

(e) Retrenchment letter on company letterhead (if applicable)

(f) Any other documentation as requested by Capital Alliance Group Risk

E. Authorisation and discharge

We hereby certify that the above information is true and correct in every detail, and Capital Alliance Group Risk is hereby authorised to make a payment as stated above. We agree payment as stated above shall constitute good and effectual settlement and shall be full and final discharge to Capital Alliance Group Risk of its liability in terms of the rules of the fund.

Remarks _____

Authorised signatory _____ Creditor's stamp

Designation _____

Date