



CLAIMS STAGE AUTHORITY

Date: _____

Policy Number: _____

Principal Member (deceased): _____

I, _____, with ID number _____

hereby confirm that I am a family member of the deceased _____ with ID number _____, and he/she is my _____ (relation).

I confirm that _____ with ID number _____

is appointed by the family as the beneficiary of the abovementioned policy and should receive the full benefit due in respect of any claim lodged in terms of the abovementioned policy.

The beneficiary's banking details are as follows:

Bank Account Holder: _____

Bank Name: _____ Branch Name: _____

Bank Account No: _____ Branch Code: _____

I understand that further confirmation in respect of the claim can be requested from other members of the family.

I hereby indemnify Safrican against all claims by any party for any benefits or monies, loss or damages incurred or suffered, in respect of, or caused by, any representation made by me to Safrican and/or the payment by Safrican to the above named beneficiary of any claim in respect of the deceased's death.

Signature of family member

Full Name of family member

Contact details of family member:

Tel (H): _____

Tel (W): _____

Cell: _____

Address: _____

Notes:

A certified copy of the identity document of the family member, and a certified copy of the identity document and bank statement of the beneficiary must be attached with this authority.

Safrican reserves the right to verify the authenticity of any authority given. Accordingly, the authority will only be effective once validated against the contact details provided. No claims will be paid unless we have confirmed that the authority is in fact valid.

Please be warned: knowingly completing any part of this authority with false information constitutes fraud which is a criminal offence and will invalidate any claim.