

To expedite your claim, kindly forward all claim documents listed below:

1. Certified copy of the Death certificate.
2. Certified copy of the claimant's ID or smart card ID copies of both sides.
3. Certified copy of the deceased's ID or smart card ID copies of both sides.
4. If the main member is deceased and not a South African Citizen, a passport and working visa permit are required.
5. A completed BI/DHA-I663 forms (all 3 pages are required).
6. Copy of the claimant's most recent stamped bank statement, showing banking details, not older than 3 months.
7. A Medical report for stillborn child.
8. A copy of the police report or accidental report if death was due to unnatural causes.

Additional documentation may be requested to assess the claim.

A. Details of claimant

Surname				Title and initials									
Full names													
Date of birth	Y	Y	Y	Y	/	M	M	/	D	D	Passport / ID number		
Postal address											Postal code		
Cell phone number						Telephone number							

B. Details of the deceased

Surname				Title and initials																	
Full names																					
Date of birth	Y	Y	Y	Y	/	M	M	/	D	D	Date of death	Y	Y	Y	Y	/	M	M	/	D	D
Cause of death											Relationship to claimant										

D. Settlement of benefit

Payable to				Relationship			
Name of account holder				Name of bank			
Account number				Branch			
Branch code				Type of account			

E. Declaration by claimant

I, the undersigned _____ am duly authorised hereto, declare that the deceased was a legal participant of this Policy. I hereby indemnify Sanlam Developing Markets Limited from any and all, liabilities and/or claim further arising from the policy and against any responsibility or liability resulting from erroneously depositing the said benefits into any other bank account owing to the incorrectness of the particulars above. Should such authorisation be revoked for any reason whatsoever and the benefits have already been paid out to me, I will be liable to refund the Insurer all amounts paid out immediately.

I, the undersigned, hereby acknowledge that I understand the content contained herein and certify that the above information is true and correct in every detail.

Signature of claimant	_____	Y	Y	Y	Y	/	M	M	/	D	D	Date
-----------------------	-------	---	---	---	---	---	---	---	---	---	---	------

F. Employer details

Name of employee				Name of scheme			
Contact Person				Telephone number			
Fax number				Email			

G. Declaration by employer

<div>Y Y Y Y / M M / D D</div>		
Signature of authorised person	Date	Designation of authorised person
<div>Company stamp</div>		

H. Contact us

Physical address	Sanlam Business Park, 9 West Street, Houghton, 2198
Postal address	PO Box 1941, Houghton, 2041, South Africa
Email	GBGAPClaims@sanlamsky.co.za
Telephone	0860 222 556
Fax	011 388 5130