

Please send the completed form to: **Sanlam life insurance (U) Ltd**

Postal address P.O. Box 25495, Kampala, Uganda

Telephone number +256 417 726526

Email address [claims@sanlam.co.ug](mailto:claims@sanlam.co.ug)

**Please attached the following documents**

- |   |  |
|---|--|
| <input type="checkbox"/> A copy of the claimant's identity document,            | <input type="checkbox"/> A certified copy of the Loan Statement,                   |
| <input type="checkbox"/> A copy of stamped letter of employment,                | <input type="checkbox"/> A certified copy of the Loan repayment schedule.          |
| <input type="checkbox"/> A copy of stamped retrenchment letter of the employee, | <input type="checkbox"/> A certified copy of a 3 months bank statement or Pay slip |

Policy Number \_\_\_\_\_

### A. Particulars of Employee

Full names \_\_\_\_\_  
Date of birth \_\_\_\_\_ Identity Number \_\_\_\_\_  
Residential address \_\_\_\_\_  
Cell phone \_\_\_\_\_ Telephone (home) \_\_\_\_\_  
Email address \_\_\_\_\_

### B. Particulars of Employer

Name of Institution/Scheme \_\_\_\_\_  
Postal address \_\_\_\_\_  
Name of contact person \_\_\_\_\_  
Telephone (work) \_\_\_\_\_ Telephone (other) \_\_\_\_\_  
Email address \_\_\_\_\_

### C. General information

Employee Occupation \_\_\_\_\_  
Reason for retrenchment \_\_\_\_\_  
Date of retrenchment \_\_\_\_\_ Loan number \_\_\_\_\_  
Has the employee joined any other employment since retrenchment?  Yes  No  
If "Yes", where and since when? \_\_\_\_\_ From \_\_\_\_\_

#### Payment details

Pay Via  EFT  Cheque  Mobile Money  
Account holder names \_\_\_\_\_  
Bank names \_\_\_\_\_  
Account number \_\_\_\_\_  Current  Savings  
Mobile Money number \_\_\_\_\_

### D. Declaration

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and, I undertake to furnish any documentation which may be required by Sanlam. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Signature of Claimant \_\_\_\_\_ Sign date \_\_\_\_\_