



Declaration by Employer Retrenchment Benefits

Please return the completed form to: **Policy claims**

Postal address PO Box 1, Sanlamhof 7532
E-mail address claimbenefits@sanlam.co.za

Telephone number (021) 916-3455
Fax number (021) 947-5804

Important:

Sanlam received a claim in terms of retrenchment benefits. To enable us to consider a claim, we shall appreciate it if you could complete the form in full and return it to us by email or fax.

Please attach the following documents:

- Service certificate of employee
- A stamped or official copy of the discharge certificate/retrenchment letter of employee.

Particulars of employee

Plan number(s) _____
Surname _____
Full first names _____
Date of birth ____ / ____ / ____ (dd/mm/ccyy)
Identity number _____ (Compulsory)
Residential address _____ Postal code _____
Contact details: Telephone (home) (____) _____ Fax (home) (____) _____
Cell phone _____
E-mail address _____

Particulars of Employer

Full names and surname / Name of institution _____
Employee reference number of employer _____
Postal address _____ Postal code _____
Name of contact person _____
Contact numbers: Telephone (____) _____ Fax (____) _____
E-mail address _____

General information

Exact reason for retrenchment: _____
First date when employer was informed about retrenchment: _____
Exact date when retrenchment notice was handed to employer: ____ / ____ / ____ (dd/mm/ccyy)
Has the employee joined any other employment since retrenchment date? Yes No
If "Yes", where and since when, until when?

From ____ / ____ / ____ Until ____ / ____ / ____

Declaration by Employer

I hereby declare that the information provided within is correct and no information was withheld.

Name of authorised official _____
Capacity of authorised official _____
Signature of authorised official _____
Date ____ / ____ / ____ (dd/mm/ccyy)
Place _____

Official stamp of institution