

CLAIM FORM: RETRENCHMENT



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RETRENCHMENT CLAIM FORM

SECTION A : POLICY HOLDER DETAILS

Policy Number

Title

 ID Number

Full Names & Surname

Date of Birth

D	D	M	M	Y	Y	Y	Y
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Complete this section only if your details have changed

Physical Address

 Code

Postal Address

 Code

Contact numbers: Home

 Work

 Cellphone

Fax

 Email Address

SECTION B : NOMINATED CREDIT PROVIDER DETAILS:

Credit Provider

Loan Agreement Account Number

Outstanding Balance

Credit Provider Contact Person Name & Surname

Credit Provider Contact Person Contact Details

CREDIT PROVIDER BANK ACCOUNT DETAILS:

Credit Provider

Bank Account Number

Branch Code

Bank

Account Type

SECTION C : KEPLER PROTECTION PLAN DETAILS

Have you claimed on this policy before for any reason?

Yes	No
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If you answered "YES"; please supply dates and claim numbers

Date

D	D	M	M	Y	Y	Y	Y
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 Claim Number

Date

D	D	M	M	Y	Y	Y	Y
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 Claim Number

Are you claiming under any other policy, with any other insurer, for unemployment or retrenchment, or will you do so in the near future?

Yes	No
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If you answered "YES"; please supply details of insurer, policy numbers and claim numbers

1) Insurer

 2) Insurer

Policy number

 Policy number

Claim number

 Claim number

SECTION D : WORK DETAILS OF PERSON RETRENCHED

What work do you normally do?

Please supply the following information of your last employer

Full Names and Surname: _____

Address: _____

Contact numbers: Home _____ Work _____ Cellphone _____

Employee/clock number _____ Weekly hours _____

Date you started working there/or became employed: D D M M Y Y Y Y Date you were informed that you will be retrenched: D D M M Y Y Y Y

Reason for being retrenched: _____

Have you worked for the same employer for more than 12 Months? YES NO

If you answered "NO"; please supply details of the previous employer

Full Names and Surname: _____

Address: _____

FAX TO 086 658 9878 or EMAIL TO info@kepler.co.za

