



**OLDMUTUAL**

**Old Mutual Alternative Solutions Limited**  
**NERPO CREDIT LIFE SCHEME**  
**Claim Form**

Please fax the completed claim form and ALL required supporting documents to 086 676 2565 or email them to info@oldmutualalts.com

**Old Mutual Alternative Solutions Service Centre Details**

Telephone number: 086 000 2156  
Servicing hours: 08h00 – 16h30

**Your claim cannot be processed without supporting documentation.** Please ensure that you attach the following documents, certified by a Commissioner of Oaths, to this claim form:

- Death certificate
- ID documents of Claimant and Deceased
- Proof of Payee's Bank Account (bank statement/cancelled cheque)
- Form DHA 1663 – Notification of Death
- Burial Order (obtain copy from Undertaker)
- In the event of Unnatural Death: Copy of Police Report, Accident Report and Certified Drivers Licence (if MVA and driver of vehicle) and Post Mortem Report
- Balance Statement as at date of death

If the required documentation is not clear, Old Mutual Alternative Solutions reserves the right to call for original documentation and any other documents required.

**1. SCHEME DETAILS**

Scheme Name

**2. DECEASED'S DETAILS**

Full Name and Surname

ID number  Date of Death 

D	D	M	M	Y	Y	Y	Y
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Place of Death

Cause of Death

Circumstances surrounding death

**3. CLAIMANT'S DETAILS**

Full Name and Surname

ID number  Date of Birth 

D	D	M	M	Y	Y	Y	Y
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Relationship to Deceased

Telephone Home Code  No.  Email address

Telephone Work Code  No.  Cell number

#### 4. PAYEE DETAILS

Full Name and Surname

Name of bank  Cheque  Transmission  Savings

Name of branch  Branch code

Account number

#### 5. PROTECTION OF PERSONAL INFORMATION

The Old Mutual Group would like to offer you ongoing financial services and may use your personal information to provide you with information about products or services that are suitable to your financial needs. Please phone 0860 522 225 if you do not wish to receive such financial services.

We may use your information or obtain information about you for the following purposes:

- Underwriting
- Credit searches and/or verification
- Fraud prevention and detection
- Audit and record keeping purposes
- Verifying your identity
- Sharing with service providers we engage with to process such information on our behalf or who renders services to us
- Assessment and processing of claims
- Claims checks (ASISA Life and Claims Register)
- Market research and statistical analysis
- To comply with legal and regulatory requirements

You may access the information that we hold about you and ask us to correct any errors or delete the information we have about you. To view our full privacy notice and to exercise preferences, visit our website on [www.oldmutual.com](http://www.oldmutual.com).

#### 6. DECLARATION

I confirm that the member joined the scheme on

I, the undersigned hereby declare that the particulars contained herein, are true in every respect and made without reservation.

Signed at  on this  day of  20

Full Name

Authorised Signatory