



## Declaration by Employer Retrenchment Benefits

Please return the completed form to: **Living Benefit Claims**

Postal address PO Box 1, Sanlamhof 7532  
E-mail address livingbenefits@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 employee was informed about retrenchment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/ccyy)  
Exact date when retrenchment notice was handed to employee: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (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