

POLICY CESSION FORM

(To be completed by the policyholder)

Cession conditions

1. This cession request should be forwarded to Hollard Life for the cession to be noted.
2. Confirmation of the content of this cession will be sent to both the cedent and cessionary once the cession is recorded in our books.
3. For collateral cessions, written consent is required from the cessionary to cancel the cession from our books.
4. By recording this cession, Hollard Life does not express an opinion regarding the validity of the cession.
5. Hollard Life does not warrant that this policy meets the requirements of a credit life policy as defined in PPR.

The following documentation must accompany this form:

- a. Certified copy of identity document for the policyholder.
- b. Proof of address for the policyholder.
- c. Company resolution document confirming the change where the existing policyholder is a non natural person.
- d. Outright cession: Trust Deed where the existing or replacing policyholder is a trust.
- e. Outright cession: Certified copy of identity document for the replacing policyholder (natural persons).

Kindly note, additional documentation may be requested by Hollard Life where required.

Return the completed form and supporting documentation to lifeclientservice@hollard.co.za or fax to 011 547 7777.

1. Policyholder details

All Fields Are Mandatory

If the policyholder is a company or trust, please ignore this section and complete applicable addendum.

Policy no. _____

Tel. no. _____ Cell no. _____

Email address _____

Identity no. _____ Title _____

Full name _____

Residential address _____ Postal code _____

Postal address _____ Postal code _____

Employer _____

Occupation _____

Source of wealth _____

Source of income _____

Country of residence _____

2. Cessionary details: Cession to an individual/company (New Policyholder)

All Fields Are Mandatory

If the cessionary is a company or trust, please ignore this section and complete applicable addendum.

Compulsory Cessionary details _____

Tel. no. _____ Cell no. _____

Email address _____

Identity no. _____ Title _____

Full name _____

Residential/Business address _____ Postal code _____

Postal address _____ Postal code _____

Relationship to insured _____

Employer _____
 Occupation _____
 Source of wealth _____
 Source of income _____
 Country of residence _____

I/We as policyholder(s) of policy number _____, hereby cede, transfer and assign all my/our rights, title and interest in and to the said policy, together with all benefits and advantages to be derived therefrom as security to the cessionary indicated below.

Full Name	Lump Sum	Percentage Split
	R	%
	R	%
	R	%
	R	%

Collateral Cession Outright Cession

By signing this declaration:

1. You agree to co-operate fully with us and to provide us with all such information and documentation requested as soon as possible.
2. All the information you provide to us, including the information requested from you in this form, is true and correct and you indemnify us against any damages we may suffer due to the provision of false or inaccurate information.

Signed at _____ Date

D	D	M	M	Y	Y	Y	Y
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Signature (policyholder) _____

Signature (cessionary) _____

Signature (spouse if married in COP) _____

Company/Bank stamp

Please take note of the following Hollard disclosures

Protection of Personal Information Act (POPIA)

Hollard cares about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Financial Intelligence Centre Amendment Act (FICAA)

In accordance with applicable anti-money laundering laws in South Africa, we are required to obtain specific information and evidence to verify your identity (and in many cases the identities of related persons, such as, but not limited to, directors, beneficial owners and persons instructing us on your behalf (where applicable)) when applying for cover and on an on-going basis. If we ask you for information or documents (including originals or certified copies) you must provide them to us as soon as possible. If we do not receive adequate information and evidence within a reasonable time of our request we may be unable to provide you with cover or may cancel the policy in accordance with applicable law.

