



# Retrenchment Claim Form

## (Instalment Indemnity Plan)

### Confidential

(To be completed by the Life Assured)

This form can be emailed to [creditlifeclaims@absa.co.za](mailto:creditlifeclaims@absa.co.za) or faxed to 011 223 1643. Please see page 2 for other documentation to be attached to this claim form. Kindly note that retrenchment cover was designed to cover unforeseen unemployment resulting from involuntary retrenchment or redundancy. This benefit does not cover members of a close corporation, director of a company, partner in a partnership, being employed in a family owned business, voluntary retrenchment, dismissal or expiry of a fixed term contract, self-employment, early retirement or if the claim falls within the 3 (three) month waiting period as from the inception date of the policy.

### Section 1: Particulars of Life Assured

1.1	Policy/Account	4787692259139017 ABSA Credit Card															
1.2	Full name of Life	James Francis Pierre Keen															
1.3	Date of birth of Life Assured (dd/mm/ccyy)	0	6	1	1	1	9	8	4								
1.4	ID number of Life	8	4	1	1	0	6	5	2	6	8	0	8	9			
1.5	Residential address	84 Lovell Road, Die Boord, Stellenbosch															
1.6	Postal address	84 Lovell Road, Die Boord, Stellenbosch															
1.7	Telephone numbers:	Cell	0721828585				(H)					Email	grainster@gmail.com				

### Section 2: Details of employer

2.1	Name of employer	Vastefch PTY LTD															
2.2	Nature of employer's business	Telecommunications															
2.3	Physical address of employer's business	C, Octo Place, 5 Elektron Rd, Techno Park, Stellenbosch, 7600															
2.4	Postal address of employer	C, Octo Place, 5 Elektron Rd, Techno Park, Stellenbosch, 7600															
2.5	Telephone number or contact details of employer	021 880 9800															
2.6	On what date did you commence employment with this employer? (dd/mm/ccyy)	0	1	0	8	2	0	0	7								
2.7	On what date did you last attend work at the employer? (dd/mm/ccyy)	3	0	1	2	2	0	2	0								
2.8	Please provide date first informed about the retrenchment (dd/mm/ccyy)	1	8	/	1	1	/	2	0								
2.9	Is retrenchment voluntary?	Yes		<input checked="" type="checkbox"/> No													
2.10	Were you offered an alternative position?	Yes		<input checked="" type="checkbox"/> No													
	If "Yes", please give details																
2.11	What was your job title at the time of retrenchment?:	Production Technician															
2.12	What was the nature of your employment at the time of retrenchment – please tick (✓) the applicable boxes below:																
	Nature of employment:																
	<input checked="" type="checkbox"/> Permanent employee				<input type="checkbox"/> Temporary employee												
	<input type="checkbox"/> Probation period				<input type="checkbox"/> Contract worker												
	<input checked="" type="checkbox"/> Full-time				<input type="checkbox"/> Part-time												
	<input type="checkbox"/> Self-employed																
2.13	What was the reason for the retrenchment?	Closing Down of the Production Facility															

2.14 Had you ever received any disciplinary verbal or written warnings or participated in any illegal actions (such as illegal strikes)? ☐ Yes ☒ No

If "Yes", please furnish details including dates


2.15 Are you a director of a company? ☐ No

2.16 If so, is the company active? ☐

2.17 Are you receiving an income from this company? ☐

### Section 3: Industrial court action

Is any industrial court action pending? ☐ Yes ☒ No

If "Yes", please give details

**Please note:** If any industrial court action is pending, we will consider your claim. Please advise us of the outcome of such action as soon as possible with written proof of the court's decision.

### Section 4: Supporting documentation

To enable Absa Life to process this claim, the following supporting documentation must be attached and submitted together with this completed claim form:

- a) Certified copy of your identity document.
- b) Official retrenchment letter typed on the employer's letterhead, signed by the Human Resources Manager or by a Senior Line Manager and with his/her contact details clearly stated.
- c) If you do not bank with Absa we require a bank statement for the month prior to the retrenchment date. [Please note if you are not an Absa client and the claim is not submitted within 3 (three) months from retrenchment date, you have to provide you have to provide Absa Life with a bank statement].
- d) Service/Employment contract/certificate.

Please note that receipt of the above documentation does not imply liability for payment of the claim by Absa Life, but failure to submit any of the above will result in the claim being given no further consideration.

Absa Life reserves the right to request further information as deemed necessary.

I hereby declare that the information completed on this claim form is accurate and complete and I have not withheld any information which could influence a decision on this retrenchment claim.

Signed at 84 Lovell Road, Die Boord, Stellenbosch on 21 January 2021

James Keen

Full name

Signature