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| **First National Bank**, SUBSTITUTION OF CREDIT LIFE, NCR Form23  NATIONAL CREDIT REGULATOR  NOMINATION & AUTHORITY GRANTED IN TERMS OF SECTION 106(6)(b)  OF THE NATIONAL CREDIT ACT 34 OF 2005  Name of Consumer: [\*cli\_first\_names\*] [\*cli\_surname\*]  Identity number: [\*cli\_id\*]  Address: [\*cli\_str\_add\*]  Contact telephone number: [\*cli\_cell\*]  **To:**  **Old Mutual Alternative Risk Transfer Ltd (OMART)**  Insurance Policy Reference Number: OMARTCL// [\*clc\_ref\*]  Address: Mutual Park, Jan Smuts Drive, Pinelands, Cape Town, 7456  Contact telephone number: 021 503 4314  **And to:[\*clc\_sel\_obl\_filter\*] [="[\*clc\_ncrnumber\*]"!="NCRCP20"#rmr=]**  Credit Provider: **First National Bank a division of FirstRand Bank Limited**  NCR registration number: NCRCP20  Address: 4th Floor, 4 Merchant Place, 1 Fredman Drive, Sandton, 2196  Contact telephone number: 021 764 3152  I, the above-mentioned consumer hereby:   1. Nominate **First National Bank a division of FirstRand Bank Limited** as a ‘loss payee’ in terms of the abovementioned policy up to the settlement value on the happening of the insured event and; 2. Authorise **Old Mutual Alternative Risk Transfer Ltd (OMART)** to make payment up to the settlement value to **First National Bank a division of FirstRand Bank Limited** on the happening of the insured event and/or; 3. Authorise Old Mutual Alternative Risk Transfer Ltd (OMART) to settle my obligations to **First National Bank a division of FirstRand Bank Limited**, as a preferred creditor, at any time during the term of the credit agreement on the happening of the insured event.   Signed at **[\*cli\_town!esign\*]** on this day **[\*cli\_date!esign:dfmt=DD\*]** of **[\*cli\_month!esign\*]**  Year: **[\*cli\_year!esign\*]**  Signature: **[\*cli\_!esign\*]** |
| **AFRICAN BANK**, SUBSTITUTION OF CREDIT LIFE, NCR Form23  NATIONAL CREDIT REGULATOR  NOMINATION & AUTHORITY GRANTED IN TERMS OF SECTION 106(6)(b)  OF THE NATIONAL CREDIT ACT 34 OF 2005  Name of Consumer: [\*cli\_first\_names\*] [\*cli\_surname\*]  Identity number: [\*cli\_id\*]  Address: [\*cli\_str\_add\*]  Contact telephone number: [\*cli\_cell\*]  **To:**  **Old Mutual Alternative Risk Transfer Ltd (OMART)**  Insurance Policy Reference Number: OMARTCL// [\*clc\_ref\*]  Address: Mutual Park, Jan Smuts Drive, Pinelands, Cape Town, 7456  Contact telephone number: 021 503 4314  **And to:[\*clc\_sel\_obl\_filter\*] [="[\*clc\_ncrnumber\*]"!="NCRCP7638"#rmr=]**  Credit Provider: **African Bank Limited**  NCR registration number: NCRCP7638 (2014/176899/06)  Address: 59 16th Road, Midrand, 1685  Contact telephone number: 011 256 9439  I, the above-mentioned consumer hereby:   1. Nominate **African Bank Limited** as a ‘loss payee’ in terms of the abovementioned policy up to the settlement value on the happening of the insured event and; 2. Authorise **Old Mutual Alternative Risk Transfer Ltd (OMART)** to make payment up to the settlement value to **African Bank Limited** on the happening of the insured event and/or; 3. Authorise **Old Mutual Alternative Risk Transfer Ltd (OMART)** to settle my obligations to **African** **Bank Limited**, as a preferred creditor, at any time during the term of the credit agreement on the happening of the insured event.   Signed at **[\*cli\_town!esign\*]** on this day **[\*cli\_date!esign:dfmt=DD\*]** of **[\*cli\_month!esign\*]**  Year: **[\*cli\_year!esign\*]**  Signature: **[\*cli\_!esign\*]** |
| **Old Mutual Finance**, SUBSTITUTION OF CREDIT LIFE, NCR Form23  NATIONAL CREDIT REGULATOR  NOMINATION & AUTHORITY GRANTED IN TERMS OF SECTION 106(6)(b)  OF THE NATIONAL CREDIT ACT 34 OF 2005  Name of Consumer: [\*cli\_first\_names\*] [\*cli\_surname\*]  Identity number: [\*cli\_id\*]  Address: [\*cli\_str\_add\*]  Contact telephone number: [\*cli\_cell\*]  **To:**  **Old Mutual Alternative Risk Transfer Ltd (OMART)**  Insurance Policy Reference Number: OMARTCL// [\*clc\_ref\*]  Address: Mutual Park, Jan Smuts Drive, Pinelands, Cape Town, 7456  Contact telephone number: 021 503 4314  **And to:[\*clc\_sel\_obl\_filter\*] [="[\*clc\_ncrnumber\*]"!="NCRCP35"#rmr=]**  Credit Provider: **Old Mutual Finance (RF) (Pty) Ltd**  NCR registration number: NCRCP35  Address: 8H Mutual Park, Jan Smuts Drive, Pinelands, Cape Town, Western Cape, 7405  Contact telephone number: 021 533 0047  I, the above-mentioned consumer hereby:   1. Nominate **Old Mutual Finance (RF) (Pty) Ltd** as a ‘loss payee’ in terms of the abovementioned policy up to the settlement value on the happening of the insured event and; 2. Authorise **Old Mutual Alternative Risk Transfer Ltd (OMART)** to make payment up to the settlement value to the **Old Mutual Finance (RF) (Pty) Ltd** on the happening of the insured event and/or; 3. Authorise **Old Mutual Alternative Risk Transfer Ltd (OMART)** to settle my obligations to **Old Mutual Finance (RF) (Pty) Ltd**, as a preferred creditor, at any time during the term of the credit agreement on the happening of the insured event.   Signed at **[\*cli\_town!esign\*]** on this day **[\*cli\_date!esign:dfmt=DD\*]** of **[\*cli\_month!esign\*]**  Year: **[\*cli\_year!esign\*]**  Signature: **[\*cli\_!esign\*]** |
| **DIRECT AXIS**, SUBSTITUTION OF CREDIT LIFE, NCR Form23  NATIONAL CREDIT REGULATOR  NOMINATION & AUTHORITY GRANTED IN TERMS OF SECTION 106(6)(b)  OF THE NATIONAL CREDIT ACT 34 OF 2005  Name of Consumer: [\*cli\_first\_names\*] [\*cli\_surname\*]  Identity number: [\*cli\_id\*]  Address: [\*cli\_str\_add\*]  Contact telephone number: [\*cli\_cell\*]  **To:**  **Old Mutual Alternative Risk Transfer Ltd (OMART)**  Insurance Policy Reference Number: OMARTCL// [\*clc\_ref\*]  Address: Mutual Park, Jan Smuts Drive, Pinelands, Cape Town, 7456  Contact telephone number: 021 503 4314  **And to:[\*clc\_sel\_obl\_filter\*] [="[\*clc\_ncrnumber\*]"!="NCRCP20"#rmr=][=not contains ("[\*clc\_legalname\*]","DIRECT AXIS")#rmr=]**  Credit Provider: **FirstRand Bank Limited**  NCR registration number: NCRCP20  Address: 4th Floor, 4 Merchant Place, 1 Fredman Drive, Sandton, 2196  Contact telephone number: 021 764 3152  I, the above-mentioned consumer hereby:   1. Nominate **the above-mentioned Credit Provider** as a ‘loss payee’ in terms of the abovementioned policy up to the settlement value on the happening of the insured event and; 2. Authorise **Old Mutual Alternative Risk Transfer Ltd (OMART)** to make payment up to the settlement value to the **above-mentioned Credit Provider** on the happening of the insured event and/or; 3. Authorise **Old Mutual Alternative Risk Transfer Ltd (OMART)** to settle my obligations to **the above-mentioned Credit Provider**, as a preferred creditor, at any time during the term of the credit agreement on the happening of the insured event.   Signed at **[\*cli\_town!esign\*]** on this day **[\*cli\_date!esign:dfmt=DD\*]** of **[\*cli\_month!esign\*]**  Year: **[\*cli\_year!esign\*]**  Signature: **[\*cli\_!esign\*]** |
| **BAYPORT**, SUBSTITUTION OF CREDIT LIFE, NCR Form23  NATIONAL CREDIT REGULATOR  NOMINATION & AUTHORITY GRANTED IN TERMS OF SECTION 106(6)(b)  OF THE NATIONAL CREDIT ACT 34 OF 2005  Name of Consumer: [\*cli\_first\_names\*] [\*cli\_surname\*]  Identity number: [\*cli\_id\*]  Address: [\*cli\_str\_add\*]  Contact telephone number: [\*cli\_cell\*]  **To:**  **Old Mutual Alternative Risk Transfer Ltd (OMART)**  Insurance Policy Reference Number: OMARTCL// [\*clc\_ref\*]  Address: Mutual Park, Jan Smuts Drive, Pinelands, Cape Town, 7456  Contact telephone number: 021 503 4314  **And to:[\*clc\_sel\_obl\_filter\*] [="[\*clc\_ncrnumber\*]"!="NCRCP4685"#rmr=]**  Credit Provider: **Bayport Securitisation (RF) Ltd**  NCR registration number: NCRCP4685  Address: 3 Alice Lane, Sandton, 2196  Contact telephone number: 087 287 4000  I, the above-mentioned consumer hereby:   1. Nominate **Bayport Securitisation (RF) Ltd** as a ‘loss payee’ in terms of the abovementioned policy up to the settlement value on the happening of the insured event and; 2. Authorise **Old Mutual Alternative Risk Transfer Ltd (OMART)** to make payment up to the settlement value to **Bayport Securitisation (RF) Ltd** on the happening of the insured event and/or; 3. Authorise **Old Mutual Alternative Risk Transfer Ltd (OMART)** to settle my obligations to **Bayport Securitisation (RF)**, as a preferred creditor, at any time during the term of the credit agreement on the happening of the insured event.   Signed at **[\*cli\_town!esign\*]** on this day **[\*cli\_date!esign:dfmt=DD\*]** of **[\*cli\_month!esign\*]**  Year: **[\*cli\_year!esign\*]**  Signature: **[\*cli\_!esign\*]** |
| **STANDARD BANK**, SUBSTITUTION OF CREDIT LIFE, NCR Form23  NATIONAL CREDIT REGULATOR  NOMINATION & AUTHORITY GRANTED IN TERMS OF SECTION 106(6)(b)  OF THE NATIONAL CREDIT ACT 34 OF 2005  Name of Consumer: [\*cli\_first\_names\*] [\*cli\_surname\*]  Identity number: [\*cli\_id\*]  Address: [\*cli\_str\_add\*]  Contact telephone number: [\*cli\_cell\*]  **To:**  **Old Mutual Alternative Risk Transfer Ltd (OMART)**  Insurance Policy Reference Number: OMARTCL// [\*clc\_ref\*]  Address: Mutual Park, Jan Smuts Drive, Pinelands, Cape Town, 7456  Contact telephone number: 021 503 4314  **And to:[\*clc\_sel\_obl\_filter\*] [="[\*clc\_ncrnumber\*]"!="NCRCP15"#rmr=]**  Credit Provider: **STANDARD BANK OF SOUTH AFRICA LIMITED**  NCR registration number: NCRCP15  Address: 17TH Floor, Life Centre, 45 Commissioner Street, Johannesburg, 2000  Contact telephone number: 011 981 8824  I, the above-mentioned consumer hereby:   1. Nominate **The Standard Bank of South Africa** as a ‘loss payee’ in terms of the abovementioned policy up to the settlement value on the happening of the insured event and; 2. Authorise **Old Mutual Alternative Risk Transfer Ltd (OMART)** to make payment up to the settlement value to **The Standard Bank of South Africa** on the happening of the insured event and/or; 3. Authorise **Old Mutual Alternative Risk Transfer Ltd (OMART)** to settle my obligations to **The Standard Bank of South Africa**, as a preferred creditor, at any time during the term of the credit agreement on the happening of the insured event.   Signed at **[\*cli\_town!esign\*]** on this day **[\*cli\_date!esign:dfmt=DD\*]** of **[\*cli\_month!esign\*]**  Year: **[\*cli\_year!esign\*]**  Signature: **[\*cli\_!esign\*]** |
| **Sanlam** SUBSTITUTION OF CREDIT LIFE, NCR Form23  NATIONAL CREDIT REGULATOR  NOMINATION & AUTHORITY GRANTED IN TERMS OF SECTION 106(6)(b)  OF THE NATIONAL CREDIT ACT 34 OF 2005  Name of Consumer: [\*cli\_first\_names\*] [\*cli\_surname\*]  Identity number: [\*cli\_id\*]  Address: [\*cli\_str\_add\*]  Contact telephone number: [\*cli\_cell\*]  **To:**  **Old Mutual Alternative Risk Transfer Ltd (OMART)**  Insurance Policy Reference Number: OMARTCL// [\*clc\_ref\*]  Address: Mutual Park, Jan Smuts Drive, Pinelands, Cape Town, 7456  Contact telephone number: 021 503 4314  **And to:[\*clc\_sel\_obl\_filter\*] [="[\*clc\_ncrnumber\*]"!="NCRCP272"#rmr=][=not contains ("[\*clc\_legalname\*]","SANLAM")#rmr=]**  Credit Provider: **Sanlam Personal Loans (Pty) Limited**  NCR registration number: NCRCP272  Address: DA Campus, 108 De Waal Road, Diep River, 7800  Contact telephone number: 021 764 3526  I, the above-mentioned consumer hereby:   1. Nominate **Sanlam Personal Loans (Pty) Limited** as a ‘loss payee’ in terms of the abovementioned policy up to the settlement value on the happening of the insured event and; 2. Authorise **Old Mutual Alternative Risk Transfer Ltd (OMART)** to make payment up to the settlement value to **Sanlam Personal Loans (Pty) Limited** on the happening of the insured event and/or; 3. Authorise **Old Mutual Alternative Risk Transfer Ltd (OMART)** to settle my obligations to **Sanlam Personal Loans (Pty) Limited** as a preferred creditor, at any time during the term of the credit agreement on the happening of the insured event.   Signed at **[\*cli\_town!esign\*]** on this day **[\*cli\_date!esign:dfmt=DD\*]** of **[\*cli\_month!esign\*]**  Year: **[\*cli\_year!esign\*]**  Signature: **[\*cli\_!esign\*]** |
| **NEDBANK LIMITED**, SUBSTITUTION OF CREDIT LIFE, NCR Form23  NATIONAL CREDIT REGULATOR  NOMINATION & AUTHORITY GRANTED IN TERMS OF SECTION 106(6)(b)  OF THE NATIONAL CREDIT ACT 34 OF 2005  Name of Consumer: [\*cli\_first\_names\*] [\*cli\_surname\*]  Identity number: [\*cli\_id\*]  Address: [\*cli\_str\_add\*]  Contact telephone number: [\*cli\_cell\*]  **To:**  **Old Mutual Alternative Risk Transfer Ltd (OMART)**  Insurance Policy Reference Number: OMARTCL// [\*clc\_ref\*]  Address: Mutual Park, Jan Smuts Drive, Pinelands, Cape Town, 7456  Contact telephone number: 021 503 4314  **And to:[\*clc\_sel\_obl\_filter\*] [="[\*clc\_ncrnumber\*]"!="NCRCP16"#rmr=]**  Credit Provider: **NEDBANK LIMITED**  NCR registration number: NCRCP16  Address: 100 Main Street, Johannesburg, Gauteng, 2000  Contact telephone number: 010 250 0055  I, the above-mentioned consumer hereby:   1. Nominate **NEDBANK LIMITED** as a ‘loss payee’ in terms of the abovementioned policy up to the settlement value on the happening of the insured event and; 2. Authorise **Old Mutual Alternative Risk Transfer Ltd (OMART)** to make payment up to the settlement value to **NEDBANK LIMITED** on the happening of the insured event and/or; 3. Authorise **Old Mutual Alternative Risk Transfer Ltd (OMART)** to settle my obligations to **NEDBANK LIMITED** as a preferred creditor, at any time during the term of the credit agreement on the happening of the insured event.   Signed at **[\*cli\_town!esign\*]** on this day **[\*cli\_date!esign:dfmt=DD\*]** of **[\*cli\_month!esign\*]**  Year: **[\*cli\_year!esign\*]**  Signature: **[\*cli\_!esign\*]** |
| **DMC Debt Management**, SUBSTITUTION OF CREDIT LIFE, NCR Form23  NATIONAL CREDIT REGULATOR  NOMINATION & AUTHORITY GRANTED IN TERMS OF SECTION 106(6)(b)  OF THE NATIONAL CREDIT ACT 34 OF 2005  Name of Consumer: [\*cli\_first\_names\*] [\*cli\_surname\*]  Identity number: [\*cli\_id\*]  Address: [\*cli\_str\_add\*]  Contact telephone number: [\*cli\_cell\*]  **To:**  **Old Mutual Alternative Risk Transfer Ltd (OMART)**  Insurance Policy Reference Number: OMARTCL// [\*clc\_ref\*]  Address: Mutual Park, Jan Smuts Drive, Pinelands, Cape Town, 7456  Contact telephone number: 021 503 4314  **And to:[\*clc\_sel\_obl\_filter\*] [="[\*clc\_ncrnumber\*]"!="NCRCP103"#rmr=]**  Credit Provider: **DMC Debt Management (PTY) Ltd**  NCR registration number: NCRCP103  Address: PO Box 19610, Tecoma, East London, 5214  Contact telephone number: 043 702 4600  I, the above-mentioned consumer hereby:   1. Nominate **DMC Debt Management (PTY) Ltd** as a ‘loss payee’ in terms of the abovementioned policy up to the settlement value on the happening of the insured event and; 2. Authorise **Old Mutual Alternative Risk Transfer Ltd (OMART)** to make payment up to the settlement value to the **DMC Debt Management (PTY) Ltd** on the happening of the insured event and/or; 3. Authorise **Old Mutual Alternative Risk Transfer Ltd (OMART)** to settle my obligations to **DMC Debt Management (PTY) Ltd**, as a preferred creditor, at any time during the term of the credit agreement on the happening of the insured event.   Signed at **[\*cli\_town!esign\*]** on this day **[\*cli\_date!esign:dfmt=DD\*]** of **[\*cli\_month!esign\*]**  Year: **[\*cli\_year!esign\*]**  Signature: **[\*cli\_!esign\*]** |
| **CAPITEC BANK**, SUBSTITUTION OF CREDIT LIFE, NCR Form23  NATIONAL CREDIT REGULATOR  NOMINATION & AUTHORITY GRANTED IN TERMS OF SECTION 106(6)(b)  OF THE NATIONAL CREDIT ACT 34 OF 2005  Name of Consumer: [\*cli\_first\_names\*] [\*cli\_surname\*]  Identity number: [\*cli\_id\*]  Address: [\*cli\_str\_add\*]  Contact telephone number: [\*cli\_cell\*]  **To:**  **Old Mutual Alternative Risk Transfer Ltd (OMART)**  Insurance Policy Reference Number: OMARTCL// [\*clc\_ref\*]  Address: Mutual Park, Jan Smuts Drive, Pinelands, Cape Town, 7456  Contact telephone number: 021 503 4314  **And to:[\*clc\_sel\_obl\_filter\*] [="[\*clc\_ncrnumber\*]"!="NCRCP13"#rmr=]**  Credit Provider: **CAPITEC BANK LIMITED**  NCR registration number: NCRCP13  Address: BSE Building, 4th Floor, 89 Voortrekker Road, Thalman East, Belville, Western Cape 7530  Contact telephone number: 0860 111 145  I, the above-mentioned consumer hereby:   1. Nominate **CAPITEC BANK LIMITED** as a ‘loss payee’ in terms of the abovementioned policy up to the settlement value on the happening of the insured event and; 2. Authorise **Old Mutual Alternative Risk Transfer Ltd (OMART)** to make payment up to the settlement value to **African Bank Limited** on the happening of the insured event and/or; 3. Authorise **Old Mutual Alternative Risk Transfer Ltd (OMART)** to settle my obligations to **CAPITEC** **BANK LIMITED**, as a preferred creditor, at any time during the term of the credit agreement on the happening of the insured event.   Signed at **[\*cli\_town!esign\*]** on this day **[\*cli\_date!esign:dfmt=DD\*]** of **[\*cli\_month!esign\*]**  Year: **[\*cli\_year!esign\*]**  Signature: **[\*cli\_!esign\*]** |
| **WOOLWORTHS**, SUBSTITUTION OF CREDIT LIFE, NCR Form23  NATIONAL CREDIT REGULATOR  NOMINATION & AUTHORITY GRANTED IN TERMS OF SECTION 106(6)(b)  OF THE NATIONAL CREDIT ACT 34 OF 2005  Name of Consumer: [\*cli\_first\_names\*] [\*cli\_surname\*]  Identity number: [\*cli\_id\*]  Address: [\*cli\_str\_add\*]  Contact telephone number: [\*cli\_cell\*]  **To:**  **Old Mutual Alternative Risk Transfer Ltd (OMART)**  Insurance Policy Reference Number: OMARTCL// [\*clc\_ref\*]  Address: Mutual Park, Jan Smuts Drive, Pinelands, Cape Town, 7456  Contact telephone number: 021 503 4314  **And to:[\*clc\_sel\_obl\_filter\*] [="[\*clc\_ncrnumber\*]"!="NCRCP49"#rmr=]**  Credit Provider: **WOOLWORTHS (PTY) LIMITED**  NCR registration number: NCRCP49  Address: 25B Hilltop Road, Hillcrest Park, Pinetown, Kwa-Zulu Natal, 3610  Contact telephone number: 031 251 4150  I, the above-mentioned consumer hereby:   1. Nominate **WOOLWORTHS (PTY) LIMITED** as a ‘loss payee’ in terms of the abovementioned policy up to the settlement value on the happening of the insured event and; 2. Authorise **Old Mutual Alternative Risk Transfer Ltd (OMART)** to make payment up to the settlement value to **WOOLWORTHS (PTY) LIMITED** on the happening of the insured event and/or; 3. Authorise **Old Mutual Alternative Risk Transfer Ltd (OMART)** to settle my obligations to **WOOLWORTHS (PTY) LIMITED**, as a preferred creditor, at any time during the term of the credit agreement on the happening of the insured event.   Signed at **[\*cli\_town!esign\*]** on this day **[\*cli\_date!esign:dfmt=DD\*]** of **[\*cli\_month!esign\*]**  Year: **[\*cli\_year!esign\*]**  Signature: **[\*cli\_!esign\*]** |

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| **The Standard Bank of South Africa Ltd NCRCP15**  **17th Floor, Life Centre**  **45 Commissioner Street**  **Johannesburg, 2000**  **[\*clc\_sel\_obl\_filter\*] [="[\*clc\_ncrnumber\*]"!="NCRCP15"#rmr=][=[\*cardinal\*]!=1#rmr=]**  Dear Standard Bank Credit Life   |  | | --- | | [\*cli\_pfx\_p1:initcap\*], **[\*cli\_first\_names\*] [\*cli\_surname\*]**  ID Number: **[\*cli\_id\*]**, hereby request cancellation of [\*cli\_pfx\_p3:lower\*] credit life cover with Standard Bank of South Africa Ltd, pertaining to the following credit agreements: **[="[\*cli\_joined\*]"=="Joined"#rmr=]** | | [\*cli\_pfx\_p1:initcap\*], **[\*cli\_first\_names\*] [\*cli\_surname\*]**  ID Number: **[\*cli\_id\*]**  & **[\*spouse\_name\*] [\*spouse\_surname\*]**  ID Number: **[\*spouse\_id\*]**, hereby request cancellation of [\*cli\_pfx\_p3:lower\*] credit life cover with Standard Bank of South Africa Ltd, pertaining to the following credit agreements: **[="[\*cli\_joined\*]"=="Single"#rmr=]** | |
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| [="[\*clc\_ncrnumber\*]"=="NCRCP15"#str: =][="[\*clc\_ncrnumber\*]"!="NCRCP15"#rmr=] | **Type of Credit Facility[=[\*cardinal\*]!=1#rmr=]** | **Account Number** |
|  | [\*clc\_nca\_type\*] | [\*clc\_ref\*] [\*clc\_sel\_obl\_filter\*] [="[\*clc\_ncrnumber\*]"!="NCRCP15"#rmr=] |

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| And to substitute the above policy/ies with a suitable credit life policy, details of which have been duly attached hereto. This instruction forms part of the Intermediary Appointment which [\*cli\_pfx\_p1\*] have signed in order to grant the required authorisation to Broker in Confidence t/a Brokerinc, to act on [\*cli\_pfx\_p3\*] behalf regarding all [\*cli\_pfx\_p3\*] credit agreements which are included on said new credit life policy.  [\*cli\_pfx\_p1\*] urgently request you to adhere to this request and furnish Brokerinc with the required confirmation of cancellation.  **[\*clc\_sel\_obl\_filter\*] [="[\*clc\_ncrnumber\*]"!="NCRCP15"#rmr=][=[\*cardinal\*]!=1#rmr=]**  Signed at **[\*cli\_town!esign\*]** on this day **[\*cli\_date!esign:dfmt=DD\*]** of **[\*cli\_month!esign\*]** **[\*cli\_year!esign\*]** |

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| **[\*cli\_!esign\*]** | [="[\*clc\_ncrnumber\*]"=="NCRCP15"#str: =][="[\*clc\_ncrnumber\*]"!="NCRCP15"#rmr=][=[\*cardinal\*]!=1#rmr=] | **[\*clis\_!esign\*][="[\*cli\_joined\*]"=="Joined"#border\_b=]** |
| Client | [="[\*clc\_ncrnumber\*]"=="NCRCP15"#str: =][="[\*clc\_ncrnumber\*]"!="NCRCP15"#rmr=][=[\*cardinal\*]!=2#rmr=] | Spouse**[="[\*cli\_joined\*]"=="Single"#rmo=]** |

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| Instruction type  Request for information Request for cancellation Request for replacement  Life insurance on loan/credit agreement [Please select the loan or credit agreement(s) relating to the Life Insurance Policy]**[\*clc\_sel\_obl\_filter\*] [="[\*clc\_ncrnumber\*]"!="NCRCP7"#rmr=][=[\*cardinal\*]!=1#rmr=]** |

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|  | **Bank product** | **Account and Policy number** |  | **Bank Product** | **Account and Policy number** |
| ✓[="[\*clc\_nca\_type\*]"not in ("BL","O","L","BB","OT","PB","RC","RO","BV","ML")#rmc=] | Personal Loan | [\*clc\_ref\*][="[\*clc\_nca\_type\*]"not in ("BL","O","L","BB","OT","PB","RC","RO","BV","ML")#rmc=] | ✓[="[\*clc\_nca\_type\*]"!="RL"#rmc=] | Revolving Loan | [\*clc\_ref\*][="[\*clc\_nca\_type\*]"!="RL"#rmc=] |
| ✓[="[\*clc\_nca\_type\*]"!="BO"#rmc=] | Overdraft Facility | [\*clc\_ref\*][="[\*clc\_nca\_type\*]"!="BO"#rmc=] | ✓[="[\*clc\_nca\_type\*]"!="O3"#rmc=] | Small Business  Term Agreement | [\*clc\_ref\*][="[\*clc\_nca\_type\*]"!="O3"#rmc=] |
| ✓[="[\*clc\_nca\_type\*]"!="BC"#rmc=] | Card Life Plan | [\*clc\_ref\*][="[\*clc\_nca\_type\*]"!="BC"#rmc=] | ✓[="[\*clc\_nca\_type\*]"!="O4"#rmc=] | Small Business  Overdraft Facility | [\*clc\_ref\*][="[\*clc\_nca\_type\*]"!="O4"#rmc=] |
| ✓[="[\*clc\_nca\_type\*]"!="SL"#rmc=] | Student Loan | [\*clc\_ref\*][="[\*clc\_nca\_type\*]"!="SL"#rmc=] |  | Micro Loan |  |
| ✓[="[\*clc\_nca\_type\*]"!="PL"#rmc=] | Express Loan | [\*clc\_ref\*][="[\*clc\_nca\_type\*]"!="PL"#rmc=] | ✓[="[\*clc\_nca\_type\*]"!="O5"#rmc=] | Balance Transfer  Personal Loan | [\*clc\_ref\*][="[\*clc\_nca\_type\*]"!="O5"#rmc=] |
|  |  | [\*clc\_sel\_obl\_filter\*] [="[\*clc\_ncrnumber\*]"!="NCRCP7"#rmr=] |  |  |  |

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| **Funeral, Life and Risk policies**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Product** | **Policy Number** |  | **Product** | **Policy Number** | |  |  |  |  |  |  | |  |  |  |  |  |  |   **Lives Insured**   |  |  |  |  | | --- | --- | --- | --- | | **1 Full name** | [\*cli\_first\_names\*] [\*cli\_surname\*] | **ID/Passport** | [\*cli\_id\*] | | **Email** | [\*cli\_email\*] | **Telephone** | [\*cli\_cell\*] |  |  |  |  |  | | --- | --- | --- | --- | | **2 Full name** | [\*spouse\_name\*] [\*spouse\_surname\*] | **ID/Passport** | [\*spouse\_id\*] | | **Email** | [\*spouse\_email\*] | **Telephone** | [\*spouse\_cell\*] |   Third Party (acting on behalf of Life Insured   |  |  |  |  | | --- | --- | --- | --- | | **3 KI/Rep name** | Peter Loubser | **FSP name and number** | Broker in Confidence t/a Brokerinc -2378 | | **Telephone** | 010 003 1179 | **Email** | peter.l@brokerinc.net | | **NCR number** | n/a | **Authority to act** |  |   Supporting documents (indicate if applicable)   |  |  |  |  | | --- | --- | --- | --- | | **X** | **Power of Attorney or consent form (specific to FAIS)** |  | **Cession of insurance** | | **X** | **Record of Advice** | **X** | **Substituted policy** |   Declaration  I/We, the life/lives insured (or a Third Party), give formal instruction to cancel, substitute or replace the policy(ies) as listed above.  I/We also acknowledge that I/we have read and understand the notes provided on the second page of this document.   |  |  |  | | --- | --- | --- | | **[\*cli\_!esign\*]** | [="[\*clc\_ncrnumber\*]"=="NCRCP7"#str: =][="[\*clc\_ncrnumber\*]"!="NCRCP7"#rmr=][=[\*cardinal\*]!=1#rmr=] | **[\*clis\_!esign\*][="[\*cli\_joined\*]"=="Joined"#border\_b=]** | | Client | [="[\*clc\_ncrnumber\*]"=="NCRCP7"#str: =][="[\*clc\_ncrnumber\*]"!="NCRCP7"#rmr=][=[\*cardinal\*]!=2#rmr=] | Spouse**[="[\*cli\_joined\*]"=="Single"#rmo=]** |    Credit Card (Card Life Plan): Email this document and relevant annexures to cardlife@absa.co.za   Loan/Facility: Email this document and relevant annexures to polserv@absa.co.za or creditlifeadmin@absa.co.za   Funeral, Life and Risk Policies: Email this document and relevant annexures to polserv@absa.co.za  **[\*clc\_sel\_obl\_filter\*] [="[\*clc\_ncrnumber\*]"!="NCRCP7"#rmr=][=[\*cardinal\*]!=1#rmr=]** |

Absa Life Limited Reg No 1992/001738/06

Authorised Financial Services Provider Absa 3771 EX (24/01/2020)

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| Notes   The Power of Attorney (“POA”) or policyholder consent form must include the consent to act on behalf of the policyholder in terms of FAIS.   It is important that you provide the most up to date details of the life/lives insured in order to verify the request with the life/lives insured,  in order to execute the instruction.   Absa Life may follow verification processes to confirm instructions with the policyholder and communicate with Absa Bank where required  in order to process the policyholder’s request.   The substituting insurer is required to provide Absa Bank confirmation in writing that the policy is in force and that the credit provider is  recorded as the beneficiary, cessionary, or loss payee on the policy. Any change in status of the policy must be communicated to Absa Bank.   A record of advice which meets the necessary regulatory requirements must accompany any instruction for a replacement where advice is  rendered. Where no advice was rendered, a record of advice (or similar) may be required to confirm that the Third Party did not provide  advice and the reason why no advice was provided.   Requesting a cancellation of the Credit Life Insurance Policy where in fact the intention is to replace the Life Insurance Policy with an insurer  of their choice may be a contravention of applicable legislation. Absa Life will report these contraventions to the FSCA.   You provide consent for Absa Bank, Absa Life or any other financial institution possessing such information on the policyholder’s behalf to  release such information to the recipient and confirm that the policyholder’s rights in terms of privacy regulations continue to be met.   Any consent to obtain information, to cancel, substitute or replace a policy on the policyholder’s behalf will remain effective for 60 (sixty) days.   Absa Bank will vet the replacing life insurance product where credit life insurance is a mandatory requirement for a bank product.   This document gives formal instruction to Absa Bank and/or Absa Life to execute on the instruction provided by you in terms of the Life  Insurance Policy(ies) listed above.   By providing this information, both the selected loan/credit agreement and the Life Insurance Policy listed above will remain in place, until  specific further instruction to that affect is confirmed by the relevant entity. The applicable loan/credit agreement will not be affected  unless specific instruction to that affect is provided separately to Absa Bank.   From the date of termination of the related policy(ies), Absa Life will not be obliged to make any payment in respect of any insured event.   All regulatory requirements for the replacement of Life Insurance Policies, including comparisons between the features and benefits of both  products, must be met by the Third Party and disclosed to the life/lives insured prior to their acceptance of this replacement. This record of  advice must be provided as an annexure to this document.  **[\*clc\_sel\_obl\_filter\*] [="[\*clc\_ncrnumber\*]"!="NCRCP7"#rmr=][=[\*cardinal\*]!=1#rmr=]** |

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