

Retrenchment Claims Form

Surname: _____ First names: _____

I.D Number: _____

Date of birth: _____

Account Details

Date of Application: _____

Benefit details: _____

Total Claim Amount: _____

Retrenchment Details

Date of Retrenchment: _____

Date advised of Retrenchment: _____

Please attach the following

- Retrenchment letter from employer to employee
- Retrenchment letter from employer to Commissioner of Labour
- Certified copy of ID
- Confirmation that account was in existence

Loan agreement forms showing:

- inception/loan date
- loan amount
- outstanding amount
- loan term
- monthly repayment

Declaration:

I declare that the above information is true and correct, I also understand that the claim can only be processed once all the relevant information has been provided.

Signature: _____ Date: _____