



Clientèle INVESTMENTS

CESSION FORM

IMPORTANT: This cession of policy forms are an integral part of the title deed to the policy should always be kept safe together with the policy document, even subsequent to cancellation of the policy document.

Declaration of Cedant

I, the current policyholder and the undersigned, (*insert full names*)

ID number hereinafter described as "the cedent" do hereby cede and transfer all my rights, title and interest in and to the Policy, known as the Clientèle Life (*insert policy name*)

Policy number (*insert policy name*) with commencement date (*Insert date*)

effected by Clientèle Life Limited, registration number 1973/016606/06, together with all the benefits already accrued or which may hereafter accrue in respect thereof, to and in favour of the cessionary identifies below.

Please indicate cession type: Outright Collateral

Personal Details of Cessionary

Title Initial(s)

First name(s)

Surname

ID number

Fax number

Cell number

Email

Physical address

Suburb

City/Town

Postal Code

Preferred communication: Fax Email Post

Cessionary Beneficiary Details

Title Initial(s)

First name(s)

Surname

ID number

Fax number

Cell number

Email

Physical address

Suburb

City/Town

Postal Code

Preferred communication: Fax Email Post

Bank Details (*Income Plans only*)

Account holder

Bank name

Account number

Branch

Code

Account type:

Initial here

Signed at _____ on the _____ day of _____ 20_____

Signature of Cedent (*Seller*) _____

Signature of Witness _____

Full names
of witness

Signed at _____ on the _____ day of _____ 20_____

by the cessionary who accepts the cession, subject to the terms and conditions contained in the Buy and Sell Agreement.

Signature of Cessionary (*Purchaser*) _____

Signature of Witness _____

Full names
of witness

Consent Terms of the Matrimonial Property Act (*if applicable*)

Only to be completed when the Cedent is married in community of property and the Cessionary is someone other than the spouse of the Cedent.

I, (*insert full name*)

ID number (*insert ID number*)

being married to the cedent in community of property, to hereby consent


to the cession as recorded herein.

Signature of Spouse of the Cedent (*Seller*) _____

The documentation requested below is necessary to register the cession:

1. A fully completed, clear and signed notification of this form.
2. Copy of Identity Document/s.
3. Proof of bank details (cancelled cheque, stamped bank statement not older than 3 months or letter from the bank confirming the account).
4. Proof of residential address in beneficiary/ies' name – not older than 3 months:
 - Utilities account
 - Telephone account
 - Bank statement
 - Affidavit from a third party confirming the address

Please send this form and required documentation to:

 Fax: 011 783 0115

 email: investments@clientele.co.za

Initial here