



# Clientèle

## INVESTMENTS

### DECLARATION BY APPLICANT

#### LOST POLICY / POLICY NOT RECEIVED

#### Contract Details

Policy Number	<input type="text"/>	Postal address	<input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>	
Surname	<input type="text"/>	Suburb	<input type="text"/>
Contact number	Work <input type="text"/>	City/Town	<input type="text"/>
	Home <input type="text"/>	Postal Code	<input type="text"/>
	Cell <input type="text"/>	ID number	<input type="text"/>
	Fax <input type="text"/>	Email	<input type="text"/>

#### Declaration

I,/We (insert name)

1. Declare that to the best of my/our knowledge and belief this policy document is lost/ mislaid/ destroyed/ never received.
2. I/We further declare that the said policy has not in any way been assigned, sold, mortgaged or otherwise parted with.
3. Should the said policy document come into my/our possession at any time in the future, I/We also agree to deliver the policy document to Clientèle Life Assurance Company Limited.

Signature \_\_\_\_\_ Date 

Y	Y	Y	Y	M	M	D	D
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Postal address	<input type="text"/>	City/Town	<input type="text"/>
	<input type="text"/>	Postal Code	<input type="text"/>
Suburb	<input type="text"/>		

#### Commissioner of Oaths

Signed and sworn at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
by the deponent who has acknowledged that he understands the contents of this Affidavit.

Commissioner of Oaths	<input type="text"/>	Designation	<input type="text"/>
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Please send this form and required documentation to:

Fax: 011 783 0115

email: [investments@clientele.co.za](mailto:investments@clientele.co.za)

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