Requirements for the Recording of a cession

Policy number (if available)

REQUIREMENTS

In order for Yambu to register a cession, we require the following:

1. This form, fully filled in by the legal owner/s of the policy or benefit, in black ink and in block letters (Not applicable to electronic submissions)
2. Please fill in a separate application for each policy
3. The cessionary must fill in Section C

Please make sure that the requirements defined in this form, are met.

DEFINITIONS

1. Policyholder/s
The legal owner/s of the policy who can be the applicant and/or the insured life and/or the cessionary.

2. Cessionary/ies
The legal entity/ies or institution/s to which ownership of the policy or benefit has been partially or full transferred by way of a cession (eg the employer of the life insured).

3. Identity document
Baptismal certificate, birth certificate, card driving licence (both sides) or official document with a photograph, the identity number, initials and surname of the person.

4. Marriage contract
If the policyholder was married in community of property after 1 November 1984, the policyholder's spouse must also sign the form.

CESSION OF POLICY

Section A: Personal and policy details

The policyholder (see definition 1) must fill in this section

1. Policy number

2. Policyholder/s

   Postal address

   Postal code

3. Insured life/lives (fullname/s

   Postal address

   Postal code

New Adventure Insurance Brokers (Pty) Ltd t/a YAMBU
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Registration Number: 2000/023619/07) t/a Yambu (FSP number 34750), a registered financial services provider
& underwritten by Constantia Life and Health Assurance Company Limited

Business Care
YAMBU™

Section B: Nature of cession

Select an option below:

1. Outright cession (if the ownership of the policy is transferred to the cessionary) ☐
2. As collateral security, if the policy has to serve as security ☐

Section C: Cessionary details

Full name/s

Postal address

Postal Code

Title (eg Dr/Prof/Mr/Ms)

Gender

RSA ID Yes ☐ No ☐ Date of Birth - -

ID/Registration number

Language

Telephone - work (code-number)

Fax - work (code-number)

Telephone - home (code-number)

Cell number

E-mail

How would you like us to reply to this request? Mail ☐ Fax ☐ Telephone ☐ E-mail ☐

Specimen signature of cessionary

Date D D - M M - 2 0 Y Y

Section D: Declaration

I declare that my estate is solvent and has not been sequestrated.

I further declare that:

I was given the following choices in writing before taking out a new policy or ceding an existing policy as security for debt incurred:

1. To take out a new policy or cede an existing policy or both
2. If I took out a new policy, I could:
   - 2.1 appoint a long-term insurer of my choice
   - 2.2 appoint an intermediary of my choice
   - 2.3 select policy benefits, the value of which would exceed the value of such debt
3. If I ceded an existing policy, I could:
   - 3.1 appoint an intermediary of my choice
   - 3.2 select policy benefits, the value of which, together with other policies ceded for this purpose, would exceed the value of such debt

I further declare that:
I was not influenced or forced in any manner and I had the freedom of choice described above.

Signed at | | | | | | | | | | | | | | **Date** D D - M M - 2 0 Y Y

In the event of a legal entity:

1. Registration number

2. **I am/We are duly authorised to represent the legal entity**

Signature

3. Name in block letters

4. Designations