



Cession Consent Form



Dear IFA,

In order for us to give consideration to your Cession, please be advised that the following list of requirements must be submitted. Note that these forms are issued without admission of liability:

1. The **“Cession Form”** (Annexure D) on the next page needs to be completed and signed by the payer, member and spouse covered on the policy.
2. Copies of the first page of the identity document for the life assureds (i.e. member and spouse covered).
3. Copy of Clientèle Life’s policy document.
4. Completed Bank Cession forms from the bank.

Once completed, please forward the documentation to: **PO Box 1316, Rivonia, 2128 or fax (011) 320 3133.**

Should you require any further assistance, please do not hesitate to contact me on (011) 320 3178.

Yours faithfully

Geneveve Chauke
Cessions Administrator
Clientèle Life

Clientèle Life Assurance Company Limited

Registration no. 1973/016606/06, PO Box 1316, Rivonia 2128, South Africa
Clientèle Office Park • Cnr. Rivonia and Alon Roads • Morningside

Tel # 011 320 3333 • Fax # 011 320 3133 • email: services@clientele.co.za • www.clientele.co.za

Directors: G Q Routledge (chairman) B W Reekie (managing) P R Enthoven
A D T Enthoven (alternate) H Moolla I B Hume G J Soll B A Stott W van Zyl (company secretary)
G O Simpson (authorised compliance officer)

Clientèle Life is an authorised Financial Services Provider FSP number: 15268

**CLIENTÉLE LIFE ASSURANCE COMPANY LIMITED
CESSION CONSENT FORM FOR POLICY**

This form is issued without admission of liability

CEDENT DETAILS (Member and Spouse)

I / we, the owner

(hereinafter called the cedent/s) hereby cede, transfer, assign and make over unto

(Bank) (hereinafter called the cessionary),

all my/our rights, titles and interests in this policy contract with Clientèle Life, and acknowledge that should any life assured covered on the above-mentioned pass away all claims will be paid to the above-mentioned cessionary while the policy is ceded.

Signed at this day of 20.....

.....
Signature of Main Member

.....
Signature of Spouse

.....
Signature of Payer

The company assumes no responsibility for the sufficiency of this cession which has been registered at:

Johannesburg on this day of, 20.....

IMPORTANT:

This cession request will only be valid once duly recorded in the records of the company and confirmed in writing by Clientèle Life. Furthermore, to cancel the cession we require a request in writing from the cessionary.