



Cession for Policy 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. Please note that these forms are issued without admission of liability:

1. The **“Cession Form”** (Annexure C), on the next page, needs to be completed and signed by the cedent, cessionary and payer.
2. Copies of the first page of the identity document for both the cedent and the cessionary.

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 APPLICATION FORM FOR POLICY**

This form is issued without admission of liability

CEDENT DETAILS (Old Member and Payer)

Policy no: In the name of:

CESSIONARY DETAILS (New Member)

First Names: Surname:

Postal Address:

Postal Code:

Tel no during the day: (.....) Cell Number:

I / we, the owner(hereinafter called the
cedent/s) hereby cede, transfer, assign and make over unto
(hereinafter called the cessionary), all my/our rights, titles and interests in this policy contract with Clientèle Life.

Please indicate the type of cession with a cross:

Absolute (total transfer of ownership to cessionary)

As collateral security (against ownership to cessionary)

In terms of ante nuptial contract (copy must be attached)

Other (divorce order or agreement – copy must be attached)

NEW BENEFICIARY DETAILS

First Names: Surname:

ID Number: Relationship to the Cessionary:

Postal Address:

Postal Code:

Tel no during the day: (.....) Cell Number:

Signed at this day of 20.....

.....
Signature/s of Cedent (s)

.....
Signature of Cessionary (ies)

.....
Signature of Unrelated Witness

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 will only be valid once duly recorded in the records of the company and confirmed in writing by Clientèle Life.