

BANKING DETAILS:

Name of account holder:

Name of bank:

Account number:

Branch code:

Type of account: Current Savings Cheque Transmission

Indemnity - Please take note that PPS Insurance(Namibia) will not be held liable for incorrect payments, if the information received is incorrect.

DECLARATION

I declare that:

- I have read and understood the information in this document
- The details provided above is correct.

Full name and Surname: _____

Signature: _____ Identity number:

Date: / /

IMPORTANT

- The payment of sickness benefits is subject to certain claim procedures and all claims are assessed in terms of the PPS Insurance (Namibia) Provider Policy Document.
- The Life cover will be reduced by the amount paid in terms of the Immediate Needs Benefit.
- The payment of the IMMEDIATE NEEDS BENEFIT is no indication of the validity of any claim for LIFE COVER or the entitlement of the person(s) to whom the IMMEDIATE NEEDS BENEFIT is paid to receive any further amounts with respect to the LIFE COVER.