

RETRENCHMENT CLAIM FORM - EMPLOYER

Real People Assurance Company Limited is a registered Financial Services Provider (FSP 26634)
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for REAL PEOPLE®

SUBMISSION OF CREDIT LIFE CLAIMS: FACSIMILE 086 623 4234 | HELPDESK: 086 111 4803 | E-MAIL: rpscreditlife@realpeople.co.za
 SUBMISSION OF CLAIMS FOR OTHER POLICIES: HELPDESK 086 111 4803 | FAX TO 086 623 4080 | E-MAIL: realinsuranceclaims@realpeople.co.za

A. TO BE COMPLETED IN FULL

Company Name

Physical Address

Tel No. Facsimile No.

E-mail address

B. EMPLOYEE DETAILS

Names

Surname

ID number Employee number

Date first employed

Date on which the employee was first advised of a possibility of retrenchment (First Consultation)

Date of Retrenchment

C. REASONS FOR RETRENCHMENT

Was this employment a fixed term contract (but not permanent), casual employment or temporary employment?

Did the employee resign, retire or accept voluntary retrenchment?

Was the employment terminated due to fraud, dishonesty or any misconduct?

Did the employee receive one or more verbal or written reprimands which constituted to form part of any disciplinary procedures?

Reason for retrenchment/redundancy by the company - if applicable and /or any further notes.

D. COMPANY DECLARATION

We hereby declare and warrant that the statement above is, to the best of our knowledge, true and correct and that no information has been withheld or relevant circumstances omitted.

Signature

Date

Name and Surname (please print)

Title/Designation

Telephone no Facsimile no

E-mail address