



Mr Price, Mr Price Home & Mr Price Sport

CUSTOMER PROTECTION PLAN CLAIM FORM RETRENCHMENT

Administered by Volume and Affinity Risk Management (Pty) Ltd - (Company Registration Number: 2009/016248/07)

PLEASE NOTE: It is very important that you answer ALL questions on the form, and return it within 30 days, otherwise you may not be entitled to any benefits.

Section A: Account holder's personal details

Account no.

I.D. number

Mrs Miss Mr Other Initials

Name by which you are known

Surname

Birthdate Day Month Year

Postal address

Address at which you live

Code

Code

Tel. (H) Code No. (W) Code No. Ext.

Cell no. Fax Code No. Email address

Section B: Mr Price, Mr Price Home or Mr Price Sport, Customer Protection Plan details

Have you claimed on this policy before for any reason? Yes No

If you answered 'Yes', please supply dates and claim numbers

1) Date Claim number

2) Date Claim number

Are you claiming under any other policy, with any other insurer, for unemployment or retrenchment, or will you do so in the near future? Yes No

If you answered 'Yes', please supply details of insurer, policy numbers and claim numbers

1) Insurer

2) Insurer

Policy number

Policy number

Claim number

Claim number

Section C: Work details of person retrenched

What work do you normally do?

Which applies to you? Work for employer Self-employed

Please give the name, address and postal code of your last employer

Code

Please give the telephone number of your last employer
Code No.

Employee/clock no. How many hours per week did you work?

Which date did you start work there and/or become employed?

Which date were you informed that you would be retrenched?

Why were you retrenched?

Have you worked for the same employer for more than 12 months? Yes No

If you answered 'No', please give the name, address and telephone number of your previous employer and answer the next 2 questions

Code

Which date did you start work there?

Which date did you last work there?

At the time of completing this form, do you have another job? Yes No

If you answered 'Yes', on which date did you or will you start your employment?



Mr Price, Mr Price Home & Mr Price Sport

CUSTOMER PROTECTION PLAN CLAIM FORM (cont) RETRENCHMENT

Administered by Volume and Affinity Risk Management (Pty) Ltd - (Company Registration Number: 2009/016248/07)

PLEASE NOTE: It is very important that you answer ALL questions on the form, and return it within 30 days, otherwise you may not be entitled to any benefits.

Section D: Details regarding Unemployment Insurance Fund (UIF) of retrenched person

Are you claiming an unemployment benefit from the UIF? Yes No

If you answered 'Yes', please supply the details of your UIF contact person at the Department of Labour as follows:

Name

Designation

Tel. Code No.

Which date did you submit your UIF claim?

UIF office address

Section E: What to do now

- Make sure you supply us with a copy of the following:
 - Your Curriculum Vitae.
 - Your UI 19 / IRP5 (your last employer would have given this to you when you left their employment).
 - The letter telling you about your retrenchment.
 - A certified copy of your ID
- Make sure that:
 - You have answered all the questions on the form that apply to you.
 - You are sending all the papers we have asked for with this form.
 - You have read and signed the Declaration and Authorisation alongside.
- Make sure that you return this claim to us immediately upon being notified of your retrenchment. You need to be continuously unemployed for 90 days before the claim will be settled.
- Submit this claim using one of the following methods:
 - Fax it to Volume and Affinity Risk Management on **086 525 1785** or
 - Post it to Volume and Affinity Risk Management at PO Box 983, Northlands, 2116 or
 - Hand it in at any Mr Price, Mr Price Home or Mr Price Sport store.

Declaration

I have become unemployed as defined in the policy and have not been given work in any capacity or doing paid work during the period given. I declare that the statements I have made are true. I agree that if they are found to be untrue, I lose all my rights under the policy. I fully understand that it is my responsibility to give all necessary information to the Tax Authorities and to meet any tax demands I may have from my claim being paid.

Signature Date

Authorisation

I hereby authorise Volume and Affinity Risk Management (Pty) Ltd and any of its representatives to make any enquiries and obtain any information they consider relevant from my past employers, recruitment or employment agencies, UIF or elsewhere.

Signature Date

VOLUME AND AFFINITY RISK MANAGEMENT (PTY) LTD
Postal address: PO Box 983, Northlands, 2116
Physical address: 356 Pretoria Avenue, Randburg, 2194

Section F: To be filled in by Volume and Affinity Risk Management FOR OFFICE USE ONLY

Policy or agreement number	Amount to be paid	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of policy	Mr Price, Mr Price Home or Mr Price Sport account balance	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Length of policy	Day	Month	Year				
Date policy was started	Name	Position					
	Signature						