

Financial Services Provider and Intermediary

Barko Financial Services (Pty) Ltd

Registration Number: 1999/022139/07

FSP Number: 45614

Cell Number: 00139

Menlyn Woods Office Park, 291 Sprite Avenue, Faerie Glen,

Pretoria, Gauteng, 0081

P.O. Box 37004, Faerie Glen, Pretoria, Gauteng, 0043

E-mail: funeral@barko.co.za

Tel Number: (013) 235 1030 / 064 870 5327

Underwritten By

Guardrisk Life Limited

A licensed life insurer and an authorised Financial Services Provider

Registration Number: 1999/013922/06

FSP Number: 76

The Marc, 129 Rivonia Road, 2nd Tower, Sandton, 2196

P.O. Box 786015, Sandton, 2146

E-mail: info@guardrisk.co.za

Tel Number: (011) 669-1000

Funeral Department

Attention: Lisbeth Mnisi

funeral@barko.co.za

Policyholder/Beneficiary/Claimant Information

Full names and Surname	Identity Number
Home Address	Work Address
Cellphone Number	Telephone Number (work)
Alternative Contact Number	E-Mail Address
If Claimant, what is your relationship to the deceased	Policy Number

Deceased Information

Indicate if the deceased is a Main Member of a Family Member by making a (x):

Main Member	
Family Member	

Full names and Surname	Identity Number
Date of Death	Cause of Death
Cellphone Number	Telephone Number (work)
Alternative Contact Number	E-Mail Address

Claim Documentation

Main Member

Upon the death of the Main Member, submit the following documents:

- The claim form must be completed and signed.
- Copy of the Policyholder's ID.
- Copy of the Main Member's ID if the Main Member is not the same person as the Policyholder.
- Copy of the ID of the Beneficiary/Claimant if the Main Member is not the same person as the Policyholder.
- Death Certificate.
- Copy of the DHA 1663 – Notice of Death Form.
- A police report completed by the investigation officer where the death is as a result of a motor vehicle accident, suicide, murder, or where the death is under investigation.
- Copy of the latest Bank Statement of the Policyholder/Beneficiary/Claimant.
- Proof of Residence of the Policyholder/Beneficiary/Claimant not older than 3 (three) months.

Family Member(s)

Upon the death of any of the Family Member (s), the Policyholder submit the following documentation:

- The claim form completed and signed.
- Copy of the Policyholder's ID.
- Copy of the latest Bank Statement from the Policyholder.
- Copy of the deceased Family Member (s) ID or, in the event of the deceased being under the age of 16 (sixteen) years, a copy of the deceased Family Member (s) birth certificate.
- Death Certificate.
- Copy of the DHA 1663 – Notice of Death Form.
- A police report completed by the investigation officer where the death is as a result of a motor vehicle accident, suicide, murder, or where the death is under investigation.
- Proof of Residence of the Policyholder not older than 3 (three) months.

Stillborn

Upon the death of any Stillborn, the Policyholder must submit the following documentation:

- The claim form completed and signed.
- Copy of the Policyholder's ID.
- Copy of the latest Bank Statement from the Policyholder.
- Death Certificate.
- Registered medical practitioners report confirming that the foetus was at least in existence for 26 (twenty-six) weeks of intrauterine existence and that the child was "Stillborn".
- Proof of Residence of the Policyholder not older than 3 (three) months.

Anti-Money Laundering Provisions and Influential Persons Declaration

Definitions of influential persons

- **A Politically exposed person** is someone who is or has been entrusted with prominent public functions based on a specific political affiliation.
- **Examples:** A head of state, cabinet minister, member of parliament/local/provincial government, senior administrator in government department (financial department/tender processes), senior judge, manager of local municipalities who award tenders, senior and/or influential official, ambassador/high commissioner, senior representative of a religious organisation, leader of a political party, accounting officer of a national or

provincial department, municipal manager, officer of SANDF.

- **A Prominent Influential Person** refers to any individual who holds or has at any time in the preceding 12 months, the position of chairperson of a board of directors, chairperson of an audit committee, executive officer, or chief financial officer of a company as defined in the Companies Act 71 of 2008, if the company provides goods or services to an organ of the state.
- **A Foreign Political Exposed Person** refers to any individual who holds or has held a position in any foreign country of a prominent public function, including that of a head of state, member of a foreign royal family, government minister or leader of a political party, senior judicial official, senior executive of a state-owned corporation or a high-ranking member of the military.
- **A Known Close Associate** is an individual who is closely connected to a prominent person, either socially or professionally. The term "close associate" is not intended to capture every person who has been associated with a prominent person.
- **Examples:** Known relationships outside the family unit (e.g. girlfriends, boyfriends, mistresses), a prominent member of the same political party, civil organisation, labour or employee union as the prominent person, business partner or associate, especially one who shares (beneficial) ownership of corporate vehicles with the prominent person, or who is otherwise connected (e.g. through joint membership of a company board), any individual who has sole beneficial ownership of a corporate vehicle set up for the actual benefit of the prominent person.
- **A Family Member** is an individual who is related to a PEP/PIP either directly (consanguinity) or through marriage or similar (civil) forms of partnership.
- **Examples:** Spouse or civil/life partner, previous spouse or civil/life partner, children and stepchildren and their spouses or civil/life partners, parents, siblings and stepsiblings and their spouses or civil/life partners.

The Financial Intelligence Centre Act (FICA) requires that we know if you are an influential person, as explained in the Act. It differentiates between a Politically Exposed Person, a Domestic Prominent Influential Person, a Foreign Prominent Public Official and a known close associate or family of Domestic Prominent Influential Persons and Foreign Prominent Public Officials. More than one of the definitions can apply to the same person. Read the explanations above, indicate which explanations apply to you and give your reason.

<input type="checkbox"/>	Politically Exposed Person	_____
<input type="checkbox"/>	Domestic Prominent Influential Person	_____
<input type="checkbox"/>	Foreign Prominent Public Official	_____
<input type="checkbox"/>	Known Close Associate	_____
<input type="checkbox"/>	Family Member	_____

Declaration in respect of the Protection of Personal Information Act and Consent

Processing of Personal Information in terms of the Protection of Personal Information Act 4 of 2013, as amended

Your privacy is of utmost importance to Us. We will take the necessary measures to ensure that any and all information provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013, as amended and, further, is stored in a safe and secure manner.

You hereby agree to give honest, accurate and up-to-date Personal Information and to maintain and update such information when necessary.

You accept that your Personal Information collected by Us may be used for the following reasons:

- to establish and verify your identity in terms of the Applicable Laws.
- to enable Us to fulfil our obligations in terms of this Claim.
- to enable Us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and
- reporting to the relevant Regulatory Authority/Body in terms of the Applicable Laws.

Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available your Personal Information (such as your name, address, email address, telephone, or fax number) to any other parties, and you indemnify Us from any claims resulting from disclosures made with your consent.

You understand that if the Administrator/Insurer has utilised your Personal Information contrary to the Applicable Laws, you have the right to lodge a complaint with Guardrisk or with the Information Regulator once established.

I hereby waive any right to privacy and authorise the Insurer (or Barko):

- to obtain from any doctor, registered healthcare practitioner, hospital, medical institution, police station, insurance company or any other person or entity, whom I hereby authorised to give and to disclose, any information which the Insurer requires or deems necessary to facilitate the assessment of the risks and the consideration of this claim for benefits under this Policy arising from this claim application, and;
- to disclose any insurance information (provided by me or on my behalf to any other insurance company, either directly or through a database operated by or for Insurers as a group, at any time and in such detailed, abbreviated or coded form as may from time to time be decided by the Insurer or by the operators of such database; and
- to verify any information provided against other sources or databases.
- to disclose information regarding a specific policy, owner or life insured to any persons or institution provided that the Insurer considers such disclosure necessary to assess this claim; and
- where required through the operation of law, to disclose information regarding a specific policy, owner or life insured to regulatory and government agencies.

_____	_____	_____
Policyholder/Beneficiary/Claimant Full Names and Surname	Policyholder/Beneficiary/Claimant Signature	Date

Office use only (To be completed by Barko – FICA confirmation)

Is the Policyholder/Beneficiary/Claimant:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Politically Exposed Person	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Domestic Prominent Influential Person	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Foreign Prominent Public Official	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Known Close Associate	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Family Member	_____

Barko Financial Services
Claims Administrator Full names and
Surname

Barko Financial Services
Claims Administrator Signature

Date