



Retrenchment Claim Form

Confidential

Original copy – Insurer

All completed forms must be forwarded to any Absa Bank Kenya PLC Branch

Dear Claimant

In order for Absa Life Assurance Kenya Limited (ALAK) to assess the Life Assured's Claim, ALAK requires the following information, together with the necessary retrenchment claim form fully completed and signed.

1. Certified copy of the ID/Passport of the policyholder
2. Certified copy of the ID/Passport of the Life Assured (if different from the primary Policyholder)
3. Official letter from the Bank, stipulating the monthly installments payable by one policyholder.
4. Certified copy of the employment contract of one Life Assured.
5. Certified copy of the most recent salary slip of the Life Assured.
6. Certified copy of the official retrenchment letter from the Life Assured's Employer, on the company's letterhead and signed by the Employer's representative.
7. 3-months' bank statements showing proof of salary paid into the account of the life Assured.
8. Any additional documents that may be required to assess the claim.

Kindly note that ALAK reserves the right to request further information in addition to the above. The completed information must be submitted at any of Absa Bank Kenya PLC Branches across the country. To improve the efficiency and speed up the assessment time of a claim, you are encouraged to supply us with as much information as possible.

Policy number or Loan account number

Type of product: Mortgage Others (please specify)

Policyholder's surname First name(s)

Policyholder's ID/Passport number Date of Birth(ddmmyyy)

Section 1: Particulars of the Retrenched Life Assured

Surname First name(s)

Relationship to the primary policyholder: Mortgage Self

ID/Passport number Date of Birth(ddmmyyy)

Section 2 : Details of retrenchment

Date of retrenchment(ddmmyyy) Date of retrenchment notification

What was the nature of retrenchment? Voluntary retrenchment Involuntary retrenchment Dismissal

Ill-health retrenchment Other

What was the employer's reason for the retrenchment? Technological Economic Other

Section 3 : Details of employment

Name of employer

Name of employer's business

Physical address of employer

Postal address of employer Postal code

Telephone number: Mobile number

On what date did you commence employment with this employer? (ddmmyyy)

On what date did you last attend work at the employer? (ddmmyyy)

Were you offered an alternative position YES NO If "Yes" specify

What was your job title at the time of retrenchment

What was the nature of your employment at the time of retrenchment -please tick the applicable boxes in the table below:

Nature of employment	Tick
Full-time Permanent Employee (<i>outside probation</i>)	
Part-time Permanent Employee (<i>outside probation</i>)	
Full-time Permanent Employee (<i>probation period</i>)	
Part-time permanent Employee (<i>probation period</i>)	
Fixed-term contract	
Self-employed	
Other	

Have you ever received any disciplinary verbal or written warnings or participated in any illegal actions (such as illegal strikes) YES NO

If "Yes", please furnish details, including the dates

Were you a director /shareholder of the company or working for a family owned business? YES NO If yes,
 Is the company still active? YES NO /Are you receiving an income from this company? YES NO

Section 4 : Industrial court action

Is any industrial court action pending? YES NO

If "Yes", please give details

Please note: If any industrial court action is pending, we will consider your claim. Please advice us of the outcome of such action as soon as possible with written proof of the court's decision.

Declaration

I hereby declare that the information completed on this Retrenchment Claim Form is accurate and that I have not withheld any information which could influence a decision on this retrenchment claim.

Surname First name(s)
 Signature Date(ddmmyyyy)