222 Building 19th Floor, Smit Street Braamfontein
Tel: (011) 715 9700
Fax: 086 683 1414
WhatsApp: 078 553 9210
Email: claims@nessgroup.co.za

BEEF VOUCHER/LIVESTOCK REQUIREMENTS

Specify by selecting the tick box(es) which Product(s) do you have with NESS in relation to this claim: ☐ Livestock ☐ Beef Voucher

Preferred Gender of the Livestock MALE / FEMALE

Preferred Colour of the Livestock

Proposed date of delivery of the Livestock/Collection of the Beef Voucher

Preferred Delivery/Collection Time

(Delivery Address for Livestock or Preferred Nearest Qualifying Butchery for Beef Voucher)

Stand/Plot Number Street Name

Suburb/Village

City/Town

Province

Nearest Landmark / Intersections/School

Alternative Contact Full Name

Alternative Contact Relation to Claimant

Alternative Contact Number

Consent to Communicate through a third party (e.g., Burial Society/Funeral Parlour/family representative)

I, _____ with

identity/passport number_____

consent that_____ with the ID/passport#

_____ cell#: _____and/or

email address:_____to be the contact person in relation to this claim.

ADDITIONAL BENEFITS AND POLICY TAKEOVER

Indicate by selecting the right tick box if someone will take over the policy

☐ Yes ☐ No, if yes please provide the Full Name_____

and contact number_____ for the person who will takeover the policy.

By signing this form; I certify that the above information is true and correct; I declare that the official documents attached hereto, were issued by the Department of Home Affairs of South Africa; I understand that the claim can only be processed once the claimant has submitted all the relevant documents; Furthermore, I give the Insurer and NESS permission to use my information to check whether it appears on any sanction/crime watch lists, as required by law, and to inform the relevant legal bodies if it does appear on any sanction/watch lists. I understand that, in terms of the law, the Insurer/NESS cannot pay any benefits/refunds to me if my details are on any sanction lists

_____ _____

Full Names of the Claimant Identity/Passport Number of the Claimant

_____ _____

Signature of the Claimant Date