

## FIDELITY GUARENTEE CLAIM FORM

### Policyholder Detail

|  |      |  |  |               |                      |              |      |    |  |
|--|------|--|--|---------------|----------------------|--------------|------|----|--|
| Insured  |      |  |  | Policy Number |                      |              |      |    |  |
| Business or Occupation   |      |  |  |               |                      | Full Address |      |    |  |
| Telephone  | Home |  |  | Work          |                      |              | Cell |    |  |
| When was the Loss Discovered?  |      |  |  |               |                      |              |      |    |  |
| Give the Name / s of the defaulting employees and their respective positions                     |      |  |  |               |                      |              |      |    |  |
| Name   |      |  |  | Position      |                      |              |      |    |  |
| Name   |      |  |  | Position      |                      |              |      |    |  |
| Name   |      |  |  | Position      |                      |              |      |    |  |
| What system of supervision and check was in place to avoid such defaults? Attach detailed report |      |  |  |               |                      |              |      |    |  |
| Have the police been notified?   |      |  |  |               |                      |              | Yes  | No |  |
| If yes, name of Police Station   |      |  |  |               | Date of Notification |              |      |    |  |
| Name of person who notified Police   |      |  |  |               |                      |              |      |    |  |
| State the period during which the Default took place   |      |  |  |               |                      |              |      |    |  |
| What is the Total Amount of Loss   |      |  |  |               |                      |              |      |    |  |
| Give full details of how this amount has been calculated (see attached schedule)                 |      |  |  |               |                      |              |      |    |  |
|  |      |  |  |               |                      |              |      |    |  |
|  |      |  |  |               |                      |              |      |    |  |
| Has the amount of loss been Certified by Accountants or Auditors?                                |      |  |  |               |                      |              | Yes  | No |  |
| If so, attach the Accountant's / Auditor's Report  |      |  |  |               |                      |              |      |    |  |
| Have the employees been involved in or been suspended of any previous loss                       |      |  |  |               |                      |              | Yes  | No |  |
| If yes, give details   |      |  |  |               |                      |              |      |    |  |
|  |      |  |  |               |                      |              |      |    |  |

**Natsure HCV & Commercial a division of (Pty) Ltd (Registration No. 1968/004869/07) is an Authorised Financial Services Provider - FSP No. 4578**

**Directors:**

Dr DP Botha (Chairman)  
T Davey (Managing Director)  
M Appelo  
M Meyer  
M Pretorius

**Head Office:**

A Block A, Block@Nature  
472 Botterklapper Street  
Die Wilgers,  
Pretoria East, 0184

T 086 147 7752  
F 086 538 5983  
www.natsure.co.za

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|   |   |            |    |
|---|---|------------|----|
| Give full details of the circumstances off loss and how it was discovered |   |            |    |
|   |   |            |    |
|   |   |            |    |
| What methods were used to conceal the defalcations?                       |   |            |    |
|   |   |            |    |
|   |   |            |    |
| What steps have been taken to prevent recurrence?                         |   |            |    |
|   |   |            |    |
|   |   |            |    |
| Have any other Monies due to the defaulting employee been withheld        |   | Yes        | No |
| If yes, provide details   |   |            |    |
| Salary  | R | Commission | R  |
| Pension / Gratuity  | R | Leave Pay  | R  |
| Other   | R | Total      | R  |
| Do you hold any other Guarantee or Security for the employees?            |   | Yes        | No |
| If yes, provide details   |   |            |    |
|   |   |            |    |
|   |   |            |    |

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