



# MONEYWEB PRIVATE BANK PTY LTD SOUTH AFRICA

## International compensation Claim Form

This is the form you need to fill in if you want the Moneyweb Private Bank Limited South Africa (MPB) to look at your compensation claim Application form. For help filling in this form, please phone us on +27-(0) 60 914 2791 the information you give us must be true and accurate. Fax no#:+27 (0) 86 459 7779



We can help if you need information in a different format (eg Braille, large print etc) or in a different language. If you have any special needs, please phone us on +27-(0) 60 914 2791



You can print out this form or you can fill it in on screen – then print it off and email it back to us.

### Your details

### ACCOUNT DETAILS WHERE TO TRANSFER YOUR COMPENSATION FUNDS

Surname

Title N/A

Account number

First name(s)

Bank name

Occupation (if retired, previous

Swift Code

Date of birth

Beneficiary:

Address for correspondence (include postcode)

Bank Address:

Office Address:

Amount to be claim  
As your compensation?

Marital Status:

Country:

Sex:

Nationality:

Daytime phone

Mobile :+

Home phone

Email

**If you are claim on behalf of a ...**

Company or business – Please give the name of the company or business (including any group companies)

Charity – Please give the charity's name.

Trust – Please give the trust's name

|      |  |   |      |
|------|--|---|------|
| Name |  | Annual turnover, annual income or net asset value | \$ * |
|------|--|---|------|

**If someone is claim on your behalf (eg a solicitor or relative) please give their details**

|   |                     |  |  |
|---|---------------------|--|--|
| Their name  | Relationship to you |  |  |
| Their address for correspondence (include postcode) |                     |  |  |
| Daytime phone                                       | Fax                 |  |  |
| Email   | Ref                 |  |  |

**Details of the compensation fund**

|                  |  |
|------------------|--|
| Reference Number |  |
| Position at Work |  |
| Company Name:    |  |

Passport Number

|  |
|--|
|  |
|--|

▪ When did you receive the compensation notification

| Day | Month | Year |
|-----|-------|------|
|     |       |      |

**Finally, please read and sign this compensation declaration**

“ I confirm that all the information I have given you is true and accurate to the best of my knowledge.

I understand that:

- You will need to handle personal details about me.
- You may need to exchange information about my claim with other organisations (for example, to find out important facts relating to my fund);
- You will always respect my privacy and keep my personal information confidential.

”

**Sign here** – even if someone else is claim on your behalf.  
Please give your job title if you are signing on behalf of a business.

signature

date

signature

date

signature

date

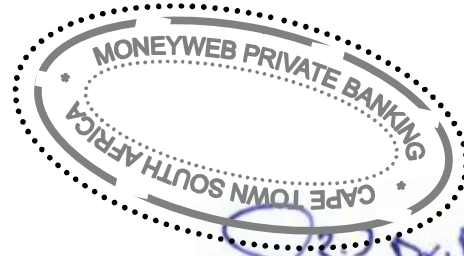
signature

date

**Phone: +27-60 914 2791**

*For security and training purposes,  
We may monitor or record phone calls*

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*Dr. Mubhammad*