



Member Claim Form

To be used by a Myprotector member

1. Your Profile

Title	First Name	Surname	POD Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile Contact Number		Other Contact Number	
<input type="text"/>		<input type="text"/>	
E-Mail Address			
<input type="text"/>			

2. Claim Details

Type of consultation or service provided

Service Date **Total Value [R]**

3. Advisor Details

Title	First Name	Surname	FSP Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile Contact Number		Other Contact Number	
<input type="text"/>		<input type="text"/>	
E-Mail Address			
<input type="text"/>			

4. Supporting Documentation

Have you attached and emailed the following documents to Myprotector?

1. The proof of payment made to the advisor
2. The final quote for the service
3. The Invoice provided by the advisor
4. Other supporting documentation or letters
5. This claim form

	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

5. Client banking details

Account Name:	<input type="text"/>
Bank:	<input type="text"/>
Acc Number:	<input type="text"/>
Branch code:	<input type="text"/>
Ref used:	<input type="text"/>
Amount paid:	<input type="text"/>

Please note that this documentation is to be e-mailed to Myprotector on: admin@myprotector.net

6. Authorisation and Declaration

I declare that the details and supporting documents provided are true and correct. I understand that any non-disclosure or false representation may result in the rejection of this claim and / or cancellation of services.

Signature	Date
<input type="text"/>	<input type="text"/>

