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## NO CLAIMS DECLARATION

I (Participant Holder Name) \_\_\_\_\_

the undersigned, I.D. No. / Reg. No. \_\_\_\_\_

hereby confirm that I have no pending claims for the dates \_\_\_\_\_ to \_\_\_\_\_ 20\_\_

for which I now pay the contribution of R \_\_\_\_\_

Should contribution be reversed or stopped Agreement of Cover automatically will be Cancelled.

I accept and understand that insurance cover in respect of agreement number. \_\_\_\_\_

Will only become effective from \_\_\_\_\_ 20\_\_

I also accept that no claim will be entertained for the abovementioned period and confirm this below.

Signed on this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

SIGNATURE : \_\_\_\_\_

WITNESS : \_\_\_\_\_

Account Holder : ORIGEN - BRYTE TAKAFUL WAQF FUND  
Bank : FNB  
Account No : 62816357570  
Type of Account : Current Account  
Branch Code : 255005  
Branch Name : RMB CORPORATE BANKING  
Reference : **AGREEMENT NUMBER**

Please use the client agreement number for ease of reference.

Please email completed form and proof of payment to:

**admin@oums.co.za and bansip@oums.co.za so the payment can be allocated correctly.**