

Please complete in **BLOCK LETTERS** using **black or blue ink**.

PLEASE FAX AND THEN POST THE COMPLETED FORM AND SUPPORTING DOCUMENTS TO:

Orion

Claims Department
Old Mutual SuperFund-Orion
PO Box 728
Cape Town 8000
Fax: 021 509 5770/1

Evergreen

Claims Department
Old Mutual SuperFund-Evergreen
PO Box 167
Cape Town 8000
Fax: 0860 383 848

Easy Benefit Plan

Claims Department
Old Mutual SuperFund-Easy Benefit Plan
PO Box 167
Cape Town 8000
Fax: 0860 383 848

(Use this form only for compensation to an employer due to damages caused to it, and not where the employer has granted a housing loan)

I, the undersigned, (insert full names)

Identity number

Scheme code

Member reference number

Hereinafter referred to as the Debtor:

1. Acknowledge myself to be truly and lawfully indebted to, and in favour of (insert full registered name of employer) (the Creditor),

in the amount of R being Rands (the Principal Debt),

which is due and owing by me to the Creditor in respect of damages deliberately caused by me to the Creditor by reason of my:

Dishonest misconduct Fraud Theft Dishonesty

for which I have, and hereby do, admit liability to the Creditor.

2. I understand and agree that the admission in Clause 1 above shall constitute a written admission of liability in terms of Section 37D(1)(b)(ii)(aa) of the Pension Funds Act, 1956 (the Act), i.e. "A registered fund may deduct any amount due by a member to his employer on the date of his retirement or on which he ceases to be a member of the Fund, in respect of compensation, in respect of any damage caused to the employer by reason of theft, dishonesty, fraud or misconduct by the member, and in respect of which the member has admitted liability to the employer."

3. I acknowledge that the Old Mutual SuperFund (the Fund) may deduct the Principal Debt from any benefits due to me from the Fund in terms of the Rules of the Fund and in accordance with S37D of the Act.

4. I understand that in the event that the benefit due to me from the Fund is not sufficient to cover the amount of the Principal Debt, the Creditor shall be entitled to exercise its right in law for the recovery of any outstanding amount/s.

5. I warrant that this Admission of Liability and Acknowledgement of Debt has been signed by me freely and voluntarily, and that no duress has been placed on me to do so.

Thus done and signed on this day of 20 in the presence of the undersigned witnesses.

The Debtor

Witness

Company registration number of the Creditor

Banking details of the Creditor

Name of bank

Branch name

Branch code

Account number

Type of account Current Savings Transmission

Kindly provide **proof of banking details** (cancelled cheque OR copy of bank statement OR arrange for your bank to verify the account details, by signing and stamping this page).

The Creditor

Witness

- All signatories to this document to initial at all deletions, alterations and insertions.
- Should any additional documentation be attached, it is to be initialled by all signatories signing on this page.