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## **Late submission letter**

Date: \_\_\_\_\_

Scheme/FSP name and number: \_\_\_\_\_

Scheme / FSP contact person: \_\_\_\_\_

Scheme / FSP Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Commissioner of Oaths Stamp

### **Reason for late submission of claim:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policy Number: \_\_\_\_\_

Principal member name: \_\_\_\_\_

Principal member ID number: \_\_\_\_\_

Deceased name: \_\_\_\_\_

Deceased ID number: \_\_\_\_\_

Date of death: \_\_\_\_\_

Regards,

### **FM Claims Team**

Foundation Market Admin Hub  
Old Mutual Life Assurance Company (SA) Limited  
Licensed Financial Services Provider

