



**Section 3 - Cessionary's Claim**

Title	<input type="text"/>	First name	<input type="text"/>
Initials	<input type="text"/>	Surname	<input type="text"/>
Telephone work	<input type="text"/> - <input type="text"/>	Fax work	<input type="text"/> - <input type="text"/>
Telephone home	<input type="text"/> - <input type="text"/>	Fax home	<input type="text"/> - <input type="text"/>
Mobile number	<input type="text"/> - <input type="text"/>		

Do you consent to Triarc paying the difference between the claim value and the amount owed to you?      Yes       No

If yes, state the amount payable      R       Claim valid until        -   -

Signature of Authorised person            Date        -   -

**Section 4 - Banking details of Claimant**

Pay the claim value into the following bank account

Name of institution / bank            Branch code     

Account type      Current       Savings       Transmission       Other

Account number     

Name of account holder     

Bank phone number     

Signature of Authorised person     

Date        -   -

**DECLARATION BY AUTHORISED PERSON**

I declare that:

- I have completed this document alone or appointed someone to do so on my behalf.
- I understand the information and confirm that it is true and correct.

Full name and surname     

Identity number     

Signed at            Date        -   -

Signature