# Cash Transaction Declaration Form

## YOUR CONTACT INFORMATION

First Name | Last Name

Postal & Physical Address

ID Number | Phone Number

Source Of Funds | Email

Amount

**If transaction was conducted on behalf of another person or organisation**

First Name | Last Name

Phone Number | ID Number

Source Of Funds | Email

Name Of Organisation

Phone Number | Email

Postal & Physical Address

**Kgare Insurance Brokers (Pty) Ltd is required by law to report all cash transactions received in the excess of P10 000 whether made in one or more related transactions within a 24 hour period.**

**The information on this form is collected in accordance with the FIA Act and will be used for the purposes of ensuring compliance. Any personal information collected is protected by the Data Protection Act.**

**I confirm the above information provided is true and correct.**

Signature & Date

**Office Use**

| | |
|---|---|
| Received By | |
| Date | |
| Amount | |
| Signature | |