



1. PARTICULARS OF DECEASED

(please complete form in full)

01	Membership number																	
02	Surname																	
03	First name																	
04	Identity number																	
05	Gender (M = Male / F = Female)																	
06	Marital status (M = Married / S = Single / W = Widow(er) / D = Divorced)																	
07	Date of death																	
08	Death certificate number																	

2. PARTICULARS OF THE QUALIFYING SPOUSE / CLAIMANT

01	Surname																				
02	First name																				
03	Identity number																				
04	Date of marriage																				
05	Relationship to the deceased (if not a spouse)																				
06	Name of bank																				
07	Branch name																				
08	Branch code																				
09	Account number																				
10	Type of account																				
11	Postal address																				
12	Residential address																				
13	Contact number (H)					(W)								(Cell)							
14	Email address																				

3. DOCUMENTS REQUIRED

Please provide us with certified copies of the following documents wherever applicable.

- a. Death Certificate
- b. Marriage Certificate / Declaration or Certificate of a Traditional Marriage from a Recognised Traditional Authority
- c. Identity Document of the Member and the Claimant / Birth Certificate / Valid Passport
- d. Proof of Banking Particulars of claimant (a cancelled cheque, bank statement or confirmation of bank account from a banking institution).

4. DECLARATION OF CLAIMANT

I, the undersigned, do hereby declare that all particulars furnished in this form are true and correct.

Full Name _____

Signature

Date

5. DECLARATION AND CERTIFICATION (COMMISSIONER OF OATHS)

I, the undersigned, hereby certify that all particulars furnished in this form are true and correct.

Full Names _____

Official Designation _____

E-Mail Address _____

Telephone No. _____

Fax No. _____

Signature _____ Date _____

Official Date Stamp