

FUNERAL BENEFIT CLAIM
SEE INSTRUCTIONS OVERLEAF



Z300

Bar Code

A) PERSONAL PARTICULARS OF MEMBER/ PENSIONER (Compulsory)

1. Member No. or, CP Number: CP 2. Title

3. Surname

4. Firstname

5. Middle names

6. Maiden name

7. ID No. (or) 8. Passport No.

9. Date of birth 10. Marital status: Single Married Divorced Widow/er Life Partner

11. Income Tax No. Member / Pensioner

12. Employer name (Only for members)

B) PARTICULARS OF APPLICANT (To be completed if the Applicant is not the Member/Pensioner, as per Section A)

1. Surname 2. Date of birth

3. Firstname 4. Other initials

5. Middle names

6. Income Tax No.

7. ID No. (or) 8. Passport No.

9. Relationship to member: Spouse Major Child Guardian of child Parent Brother/Sister Executor of Estate

10. Member No. (Only needed if Applicant is also a member/pensioner)

C) CONTACT PARTICULARS OF APPLICANT (Both postal and residential addresses must be supplied)(Compulsory)

1. Nearest major Post Office with on-line access (needed for Post Office payments only)

2. Postal address

3. Residential address

4. Tel No. 5. Preferred contact method: Postal Fax E-mail

6. Fax No. 7. Cell No.

8. E-mail address

D) PARTICULARS OF DECEASED (Compulsory)

1. Death Cert. number 2. Date of death

3. Was the deceased the Contributing Member or Pensioner? Yes No If no, complete particulars below:

4. Surname 5. Date of birth

6. Firstname 7. Other initials

8. Relationship to Member: Spouse Child under 18 Student under 22 Disabled child over 18

9. ID No. (or) 10. Passport No.

E) CERTIFICATION BY APPLICANT (Compulsory)

I hereby certify that the particulars on this form, which have been verified against the relevant documents and records, are true and correct.

Date signed

32828



Signature of Applicant (or thumb print if he/she cannot read/write)