

## FUNERAL CLAIM NOTIFICATION FORM

Name of Scheme/Organisation:

Policy No:

### Member Details

Surname:

First Names:

I.D. Number:

Date of Birth:

Date of Joining:

### Deceased Details

Surname:

First Names:

I.D. Number:

Date of Birth:

Relationship to Member:

Cause of Death:

### Claimant Details

Full Names:

Contact Number:

Relationship to Member:

Bank Account Name:

Account No:

Branch Name:

Branch Code:

### Declaration:

I declare that the above information is true and correct. I also understand that the claim can only be processed once all the relevant information has been provided.

Signature:

Date:

OFFICIAL STAMP

