FUNERAL CLAIM NOTIFICATION FORM

Please fill in the form in **BLOCK** letters appropriately. Please note that all fields are mandatory. Policyholder Beneficiary Section A: Claimant Details Title: Mr Ms Dr Prof Other: First Name: Surname: _____ Date of Birth: D D M M Omang No/Passport No: ______Expiry Date: D M M **Section B:** Contact Details Mobile No: Work No: ____ **Physical Address Postal Address** Plot No: ______ PO Box/P Bag: _____ Street Name: _____ City/Town: ____ City/Town: _____ Country: ____ **Section C:** Ewallet Pro Details First Name: ______ Surname: _____ D D M M Y Y Y ID Number: Date of Birth: Relationship to Member: Cause of Death: Name of Funeral Parlour:_____ **Section D:** Payment Options Please select preferred option and provide details in **BLOCK** capital letters. ☐ EFT Bank Name **Branch Name** Account Number つ Ewallet Card Number Pro D D **Expiry Date** Cellphone No Mobile Money



Section E: 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 documentation has been provided.

Signature:		D	ate:	D	D	M	M	Υ	Υ	Υ	Υ		
Stamp:													
Requirements:	Certified copy of death certificate	Proof of account				Pro	oof of	resid	ence				
	Certified copy of claimant ID/ Passport	Proof of Member	p to										

