



FURNITURE BARGAINING COUNCIL

North Block ♦ 39 Empire Road ♦ Parktown Ext ♦ Johannesburg
All correspondence to be addressed to: THE GENERAL SECRETARY ♦ Post Office Box 32789 ♦ Braamfontein ♦ 2017
Telephone (011) 242-9200 ♦ Facsimile (011) 482-6420 ♦ e-mail council@furnbed.co.za ♦ Website www.furnbed.co.za

FURNITURE BARGAINING COUNCIL DEATH AND DISABILITY SCHEME

DEATH BENEFITS CLAIM

Claim Number

--	--	--	--	--	--

Claim Date

Y	Y	M	M	D	D
---	---	---	---	---	---

DECEASED MEMBER'S DETAILS

Deceased Member's First Name/s :

Deceased Member's Surname :

Deceased Member's Identity Number :

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Deceased Member's Industry Number :

--	--	--	--	--	--

Deceased Member's Last Employer in Industry :

Deceased Member's Date of Birth

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Deceased Member's Date of Death

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Death Certificate Number : Dated:

Benefit Entitlement :

R						-		
---	--	--	--	--	--	---	--	--

FIRST CLAIMANT'S DETAILS

Claimant's First Name/s :

Claimant's Surname :

Claimant's Identity Number :

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Claimant's Relationship to Deceased Member :

Claimant's Marriage Certificate Number (if applicable): Dated:

Claimant's Physical Address: :

Postal Code:

Claimant's Postal Address: :

Postal Code:

Claimant's Telephone Number/s :

SECOND CLAIMANT'S DETAILS

Claimant's First Name/s :

Claimant's Surname :

Claimant's Identity Number :

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Claimant's Relationship to Deceased Member :

Claimant's Marriage Certificate Number (if applicable): Dated:

Claimant's Physical Address: :

Postal Code:

Claimant's Postal Address: :

Postal Code:

Claimant's Telephone Number/s :

THIRD CLAIMANT'S DETAILS

Claimant's First Name/s :

Claimant's Surname :

Claimant's Identity Number :

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Claimant's Relationship to Deceased Member :

Claimant's Marriage Certificate Number (if applicable): Dated:

Claimant's Physical Address: :

Postal Code:

Claimant's Postal Address: :

Postal Code:

Claimant's Telephone Number/s :

DEATH BENEFIT PAYMENT DETAILS

I, Mr/Ms (Print First Name/s and Surname) recommend the payment of Death Benefits to the following beneficiaries:

Beneficiaries full first name/s and surname	Benefit amount paid		Cheque number/s				Cheque date/s							
	R						Y	Y	Y	Y	M	M	D	D
	R						Y	Y	Y	Y	M	M	D	D
	R						Y	Y	Y	Y	M	M	D	D
	R						Y	Y	Y	Y	M	M	D	D
	R						Y	Y	Y	Y	M	M	D	D
	R						Y	Y	Y	Y	M	M	D	D
	R						Y	Y	Y	Y	M	M	D	D
Total Paid	R						Y	Y	Y	Y	M	M	D	D

I, the undersigned Mr/Ms (Print First Name/s and Surname) have fully investigated the validity of this Death Benefits claim and I authorise the above recommended distribution of Death benefits.

SIGNED:

DATE: