



## 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

#### FUNERAL BENEFITS CLAIM

Claim Number 

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Claim Date 

Y	Y	M	M	D	D
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#### MEMBER'S DETAILS

Member's First Name/s : .....

Member's Surname : .....

Member's Identity Number : 

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Member's Industry Number : 

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Member's Last/Current Employer in Industry : .....

#### DECEASED'S DETAILS

Deceased's First Name/s : .....

Deceased's Surname : .....

Deceased's Identity Number : 

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

Deceased's Date of Birth : 

Y	Y	Y	Y	M	M	D	D
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Deceased's Date of Death : 

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

Death Certificate Number : ..... Dated: .....

Deceased's Relationship to Member : .....

#### FIRST CLAIMANT'S DETAILS

Claimant's First Name/s : .....

Claimant's Surname : .....

Claimant's Identity Number : 

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Claimant's Relationship to Deceased : .....

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 : 

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Claimant's Relationship to Deceased : .....

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 : 

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Claimant's Relationship to Deceased : .....

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 : .....

**FUNERAL BENEFIT PAYMENT DETAILS**

I, Mr/Ms (Print First Name/s and Surname) ..... recommend the payment of Funeral 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
<b>Total Paid</b>	R		

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

SIGNED: .....

DATE: .....