

SECOND CLAIMANT'S DETAILS

Claimant's First Name/s :

Claimant's Surname :

Claimant's Identity Number :

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

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 :

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

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
Total Paid	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: