



FURNITURE BARGAINING COUNCIL

Suite 1 & 2 ♦ Reitz Park ♦ 80 President Reitz Avenue ♦ Westdene ♦ Bloemfontein ♦ 9301
Correspondence to be addressed to: THE PROVINCIAL MANAGER ♦ Post Office Box 3914 ♦ Bloemfontein ♦ 9300
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FURNITURE BARGAINING COUNCIL DEATH AND DISABILITY SCHEME

FUNERAL BENEFITS CLAIM

Claim Number

Claim Date

MEMBER'S DETAILS

Member's First Name/s :

Member's Surname :

Member's Identity Number :

Member's Industry Number :

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 :

Deceased's Date of Death :

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 :

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
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: