

**Shosholoza Funeral Cover**

35 Van Buuren Road

Bedfordview | 2007

Tel: 010 446 0200

Email: [claims@shosholozafuneral.co.za](mailto:claims@shosholozafuneral.co.za)Shosholoza Funeral Cover is a Registered Financial Provider with FSP Number 54112  
Claim Form

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                            |                                                                                                                                                                                                                                                                                                                                                   |                                                 |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------|
| <b>Funeral Claim Form</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>Kindly answer all questions in full</b> |                                                                                                                                                                                                                                                                                                                                                   | <b>Please use a black pen and block letters</b> |          |
| <b>Policy-holder / Beneficiary Details</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                            | <b>Policy Number</b>                                                                                                                                                                                                                                                                                                                              |                                                 |          |
| Full Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                            | Surname                                                                                                                                                                                                                                                                                                                                           |                                                 |          |
| ID Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                            | Date of Birth                                                                                                                                                                                                                                                                                                                                     |                                                 |          |
| Passport Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                            | Country of issue                                                                                                                                                                                                                                                                                                                                  |                                                 |          |
| Relationship to the deceased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                            | Contact Number                                                                                                                                                                                                                                                                                                                                    |                                                 |          |
| Occupation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                            | Citizenship                                                                                                                                                                                                                                                                                                                                       |                                                 |          |
| Email Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                            |                                                                                                                                                                                                                                                                                                                                                   |                                                 |          |
| Physical Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                            | Postal Code                                                                                                                                                                                                                                                                                                                                       |                                                 |          |
| Are you a Prominent Person or Linked to a Prominent Person?<br>(politically exposed person or politically influential person)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                            | YES                                                                                                                                                                                                                                                                                                                                               | NO                                              | Relation |
| If linked to Prominent Person, please confirm Name & Surname                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                            |                                                                                                                                                                                                                                                                                                                                                   |                                                 |          |
| <b>Deceased's Details</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                            |                                                                                                                                                                                                                                                                                                                                                   |                                                 |          |
| Full Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                            | Surname                                                                                                                                                                                                                                                                                                                                           |                                                 |          |
| Passport Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                            | Country of issue                                                                                                                                                                                                                                                                                                                                  |                                                 |          |
| ID Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                            | Date of Birth                                                                                                                                                                                                                                                                                                                                     |                                                 |          |
| Date of Death                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                            | Cause of Death                                                                                                                                                                                                                                                                                                                                    |                                                 |          |
| <b>Bank Account Details to Which Policy Benefits Must Be Paid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                            |                                                                                                                                                                                                                                                                                                                                                   |                                                 |          |
| For security reasons we recommend that payment be made directly into your bank account. We require proof of your banking details (Bank Statement confirming the account holder's full names, account number and branch code not older than 3 months)                                                                                                                                                                                                                                                                                                                                                                   |  |                                            |                                                                                                                                                                                                                                                                                                                                                   |                                                 |          |
| Name of Account Holder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                            | ID Number                                                                                                                                                                                                                                                                                                                                         |                                                 |          |
| Bank Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                            | Branch Name                                                                                                                                                                                                                                                                                                                                       |                                                 |          |
| Account Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                            | Branch Code                                                                                                                                                                                                                                                                                                                                       |                                                 |          |
| Account Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                            | Contact Number                                                                                                                                                                                                                                                                                                                                    |                                                 |          |
| Signature of Claimant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                            | Date                                                                                                                                                                                                                                                                                                                                              |                                                 |          |
| Declaration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                            | We hereby certify that the above information is true and correct in every detail and the Insurer is hereby authorised to make a payment as stated above. We agree payment as stated above shall constitute good and effectual settlement and shall be full and final discharge to the Insurer of its liability in terms of the rules of the fund. |                                                 |          |
| Designation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                            |                                                                                                                                                                                                                                                                                                                                                   |                                                 |          |
| Authorised Signatory                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                            |                                                                                                                                                                                                                                                                                                                                                   |                                                 |          |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                            |                                                                                                                                                                                                                                                                                                                                                   |                                                 |          |
| Processing of Personal Information in terms of the Protection of Personal Information Act 4 of 2013: You / Your clients' (Members') privacy is of utmost importance to Us. We will take the necessary measures to ensure that any and all information, including Personal Information (as defined in the Protection of Personal Information Act 4 of 2013) provided by You / Your clients (Members) or which is collected from You / Your clients (Members) is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner. |  |                                            |                                                                                                                                                                                                                                                                                                                                                   |                                                 |          |

