

<input type="checkbox"/> HEAD OFFICE P O Box 32528 Braamfontein, 2017 76 Juta Street Braamfontein, 2017 Tel: (011) 520-0000 Fax: (011) 520-0001 PSSPF: (011) 520 0080 CCNPF: (011) 520 0900	<input type="checkbox"/> DURBAN P O Box 2183 Durban, 4000 4th Floor, Victoria Mainie 71 Margaret Mncadi Avenue Durban, 4001 Tel: (031) 304-0501 Fax: (031) 304-2418	<input type="checkbox"/> PORT ELIZABETH P O Box 27135, Greenacres Port Elizabeth, 6057 70 - 2nd Avenue, Newton Park Port Elizabeth, 6045 Tel: (041) 391-5200 Fax: (041) 391-5230	<input type="checkbox"/> CAPE TOWN P O Box 1680 Cape Town, 8000 12th Floor 1 Thibault Square Thibault Square Cape Town, 8001 Tel: (021) 403-9200 Fax (021) 421-3559	<input type="checkbox"/> RICHARDS BAY P O Box 2183 Durban, 4000 Suite No 12 Lakeview Terrace 7 Trinidad Richards Bay, 3901 Tel: (031) 366-7700 Fax (031) 403-2418	<input type="checkbox"/> POLOKWANE P O Box 1924 Polokwane, 0700 20 Church Street Polokwane 0699 Tel: (015) 291-4184 Fax (015) 291-5006	<input type="checkbox"/> PRETORIA Private Bag X35 Rosslyn, 0200 Rosslyn Satellite Office 30 Helium Street, Unit 10 Automotive Office Park Rosslyn, Pretoria, 0002 Tel: (012) 564-3363 Fax (012) 564-3362
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Leader In People Benefits In Africa

FUNERAL CLAIM

Name of Provident Fund: _____

Section / Cost Centre: _____

PARTICULARS OF DECEASED

Name: _____

Employee No: _____

Date of Death: _____ Age: _____

PARTICULARS OF MEMBER

(only if Deceased was not Member)

Name: _____

Employee No: _____

Date of Death: _____ Age: _____

FORMS

(please ✓)

Attached is: Death Certificate Still Born Medical Certificate

RELATIONSHIP TO MEMBER

(please ✓)

Deceased Person was: Member Spouse of Member Child of Member Part of Member

DECEASED MEMBER'S DEPENDANTS

	NAME	DATE OF BIRTH
Spouse 1		
Spouse 2		
Children 1		
2		
3		
4		
5		
6		
Parent 1		
Parent 2		

DECEASED MEMBER'S DEPENDANTS

Make Cheque payable to: _____ I certify the above to be true

Employer's Stamp	Signature	
	Designation	
	Dated	