Risk Benefits

FUNERAL BENEFITS CLAIM FORM

FUNERAL SCHEME

PLEASE PRINT ALL DETAILS

	OYER/FUND:	
	(If scheme linked to Provident Fund	– State Provident Fund name, otherwise Employer name)
SECTION 1:	PAR	TICULARS OF MEMBER
Section/Paypoint:		
Surname:		
First Name (s):		
ID Number:		3
Date Of Birth:		,
Company Reference I		1
PA Number:	₹	
	CONTACT DET	TAILS OF MEMBER/BENEFICIARY
Name:		
Tel Area Code:	Telephone No.	Cellphone/Other
SECTION 2:	PARI	ICULARS OF DECEASED
Surname:		
First Name:		
Date Of Death:		
Date Of Birth:		
	mber, Spouse, Child, Parent):	
Specific Cause of Dec		
Amount payable:		
- Tanicom payable:		
		onal Voluntary Funeral Scheme with NBC: Yes No
SECTION 3:	ATTACH	HED FORMS (PLEASE TICK)
	ATTACH	
Certified o		HED FORMS (PLEASE TICK)
Certified o	copy of Death Certificate	HED FORMS (PLEASE TICK)
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If the employee/member died or employer has advanced payment, fill in employer bank details below. Name of Account Holder: Name of Bank: Bank Account Number: Type of Account: (Savings/Current/etc) Amount R If any amount should be paid to any other Account, fill in bank details below. Name of Account Holder: Name of Bank: Name of Bank: Branch Code: Initials: Branch Code: Name of Branch: Branch Code: Prize of Account: (Savings/Current/etc) Amount R Please note that neither NBC nor the Fund will be held responsible for any errors in the above information. SECTION 6: DECLARATIONS 6.1 Members Declaration (Dependant's or Relative's Death only) I, [please print], a member of the above Scheme, declare that all the
Name of Branch: Name of Branch: Bank Account Number: Type of Account: (Savings/Current/etc) Amount R If any amount should be paid to any other Account, fill in bank details below. Name of Account Holder: Name of Branch: Branch Code: Initials: Branch Code: Branch Code: Prope of Account: Savings/Current/etc) Amount R Please note that neither NBC nor the Fund will be held responsible for any errors in the above information. SECTION 6: DECLARATIONS 6.1 Members Declaration (Dependant's or Relative's Death only)
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I, (please print), a member of the above Scheme, declare that all the
information provided above are true & correct.
I am aware that the relevant bank account in Section 5 will be credited with the benefit within two working days of faxing
this form together with all the relevant supporting documents detailed in Section 3.
Signature of Member
6.2 Beneficiary's Declaration (Member's Death only)
I,, a relative of the deceased
accept payment of the Funeral Benefit & further declare that such benefit will be used towards the funersl costs of the deceased. I am aware that the relevant bank account in Section 5 will be credited with the benefit within two working days
of faxing this form together with all the relevant supporting documents detailed in Section 3.
Signature of Beneficiary

CTION 7: EN	OYER DECLARATION
Employer/Company	
	Signature of Company Representative
	ase print), as representative of the above Company in the capacity of
e & correct to the best of my knowledge.	(print designation), declare that the above information is
gned at	is day of year,

PARTICULARS OF CONTACT PERSON AT COMPANY

Name:		
Tel. Area Code:	Tel. Number:	,
Fax Area Code:	Fax Number:	

SECTION 8: PAID-UP CERTIFICATE DETAILS						
To be completed only on member death						
Relationship	Name	Date Of Birth				
Spouse						
Child 1						
Child 2						
Child 3						
Child 4						

SECTION 9:

CLAIM PROCEDURE S 32 STREETHERS () CONTRACTOR PROCEDURE

This claim form together with all relevant supporting documents in Section 3 are to be faxed to The Funeral Claims Manager, NBC Risk Benefits at any one of the following fax numbers:

(011) 520-1393

(011) 520-1394

(011) 520-1381

(011) 520-1544

The contact person whose details are provided in Section 7 will be phoned or faxed once this is done.

The original documents should then be forwarded to:

The Funeral Claims Manager NBC Risk Benefits P O Box 78756 Sandton 2146

Sandton

P O Box 78756, Sandton, 2146 113 Katherine Street Sandown

Durban

P O Box 2183, Durban, 4000 4th Floor, Victoria Maine, 71 Victoria Embankment, Durban, 4001

Port Elizabeth

P O Box 27135, Greenacres Port Elizabeth, 6057 70-2nd Avenue, Newton Park, Port Elizabeth, 6045

Cape Town

P O Box 1680 Cape Town, 8001 44 Hertzog Boulevard, 6th Floor, Foreshore, Cape Town, 8001



Financial Services