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Authorised Financial Service Provider Licence Number 38344

DOCUMENTS REQUIRED FOR A FUNERAL CLAIM

<u>MEMBER</u>	<u>SPOUSE</u>	<u>CHILD/STILLBORN/MISCARRIAGE</u>
<ul style="list-style-type: none"> • DEATH CLAIM FORM • CERTIFIED ID OF MEMBER • CERTIFIED ID OF SPOUSE • CERTIFIED ID OF CLAIMANT • CERTIFIED MARRIAGE CERTIFICATE • IF THE MARRIAGE WAS TRADITIONAL, WE REQUIRE TWO ADDITIONAL AFFIDAVITS FROM BOTH FAMILIES STATING THEY WERE MARRIED TRADITIONALLY AND ID COPIES OF DEPONENTS • CERTIFIED DEATH CERTIFICATE • AFFIDAVIT FROM THE BENEFICIARY STATING THE RELATIONSHIP TO THE DECEASED • IF MEMBER WAS NOT BORN IN SA WE REQUIRE A CERTIFIED PASSPORT COPY • (NOTIFICATION/REGISTER OF DEATH/STILLBIRTH) BI 1663 FROM HOSPITAL OR UNDERTAKER • PAYSリップ • STAFF LIST WITH EMPLOYEES NAMES AND ID NUMBERS • BENEFICIARY BANK STATEMENT REFLECTING ACCOUNT NUMBER (NOT OLDER THAN 3 MONTHS) 	<ul style="list-style-type: none"> • DEATH CLAIM FORM • CERTIFIED ID OF MEMBER • CERTIFIED ID OF DECEASED • CERTIFIED MARRIAGE CERTIFICATE • IF THE MARRIAGE WAS TRADITIONAL, WE REQUIRE TWO ADDITIONAL AFFIDAVITS AND CERTIFIED ID COPIES FROM BOTH THE FAMILIES STATING THEY WERE MARRIED TRADITIONALLY • CERTIFIED DEATH CERTIFICATE • AFFIDAVIT FROM THE MEMBER STATING THE RELATIONSHIP TO THE DECEASED • IF MEMBER/ DECEASED IS NOT BORN IN SA WE REQUIRE A CERTIFIED PASSPORT COPY • (NOTIFICATION/REGISTER OF DEATH/STILLBIRTH) BI 1663 FROM HOSPITAL OR UNDERTAKER • PAYSリップ OF MEMBER • STAFF LIST WITH EMPLOYEES NAME AND ID NUMBERS • BENEFICIARY BANK STATEMENT REFLECTING ACCOUNT NUMBER (NOT OLDER THAN 3 MONTHS) 	<ul style="list-style-type: none"> • CERTIFIED COPY OF BI 20 (ABRIDGED DEATH CERTIFICATE) • DEATH CERTIFICATE • CERTIFIED COPY OF BIRTH CERTIFICATE • CERTIFIED ID COPIES OF BOTH THE PARENTS • AFFIDAVIT FROM BOTH THE PARENTS STATING THAT THEY ARE THE BIOLOGICAL PARENTS OF THE DECEASED • (NOTIFICATION/REGISTER OF DEATH/STILLBIRTH) BI 1663 FROM HOSPITAL OR UNDERTAKER • 3RD PARTY AFFIDAVIT OF A PERSON NOT LIVING WITH THEM. • PAYSリップ • STAFF LIST WITH EMPLOYEES NAME AND ID NUMBERS REFLECTING BENEFICIARY BANK STATEMENT REFLECTING ACCOUNT NUMBER (NOT OLDER THAN 3 MONTHS) • LETTER FROM DOCTOR STATING HOW FAR THE PERSON WAS PREGNANT

PLEASE NOTE THAT THE FUNERAL CLAIM FORMS MUST BE SIGNED BY THE EMPLOYER. PLEASE REFER TO AFFIDAVITS – ONLY THE RELEVANT ONES TO BE COMPLETED.

PLEASE NOTE THAT THESE REQUIREMENTS ARE IN THE FIRST INSTANCE ONLY – MOMENTUM RESERVES THE RIGHT TO CALL FOR ANY ADDITIONAL DOCUMENTS/REQUIREMENTS.