



## APPLICATION FOR DEATH BENEFITS

### CHECKLIST OF DOCUMENTS:

For a speedy payment of benefits, duly certified copies (containing the **full names and street address** of the Commissioner of Oaths) of the under-mentioned documents must accompany your application form:

- 1 Applicant's identity document
- 2 Death certificate
- 3 Witness's identity document (witness must be deceased's family)
- 4 Proof of marriage: 
  - a. Legal marriage certificate
  - b. Lobola affidavit, or
  - c. If the above is not available a letter from Tribal Chief confirming the marriage
- 5 Children's birth/baptismal certificates, clinic cards or copy of identity document
- 6 Please attach a D8 copy
- 7 Every applicant to complete his/her own application form
- 8 Death certificate of deceased spouse, if applicable
- 9 A declaration if the whereabouts of any of the children/partners/or spouses are unknown

**This application form consists of 6 pages. Please ensure that all 6 pages are FULLY completed.**

CONTACT DETAILS OF HUMAN RESOURCES OFFICIAL	
Municipality:	
Name of official:	
Position held:	
Telephone number:	
Fax number:	
E-mail address:	

PENSION NUMBER OF DECEASED : \_\_\_\_\_

PARTICULARS OF DECEASED		
First names and Surname:		
Identity Number:		
Municipality:		
Date of Birth:		
Date of Death:		
Nickname:		
Tax Reference Number:		
<b>Was the deceased married more than once?</b>	YES	NO
If yes, state full particulars of spouse and children from previous marriage/s and addresses and telephone number of persons where they can be contacted and/or in whose care they are:		

PARTICULARS OF APPLICANT						
First names and Surname:						
Relationship with deceased:	Spouse	Child	Guardian	Parent	Brother	Sister
If other specify, e.g. (Ex wife/husband):						
Date of birth:						
Date of marriage/divorce:						
Nickname:						
Maiden name:						
Your full residential address:						
Stand number:						
Name of village:						
Next to church, school, etc.:						
<b>Address where your communication must be mailed to, if not completed it will be mailed to the employer:</b>						
Telephone number:						
Cell phone number:						
Home language:						

**HOW MANY CHILDREN DID THE DECEASED HAVE FROM ALL HIS MARRIAGES AND RELATIONSHIPS**

<b>PARTICULARS REGARDING ALL CHILDREN REGARDLESS OF AGE AND STATUS</b>			
<b>NAME OF CHILD</b>	<b>DATE OF BIRTH</b>	<b>RELATIONSHIP TO MEMBER</b>	<b>STATE WHETHER CHILDREN ARE ATTENDING SCHOOL/A TERTIARY INSTITUTION/ARE WORKING</b>

**PAYMENT OF BENEFITS**

Method:	
Bank:	
Branch:	
Branch code:	
Account number:	
Type of account:	
<b>A POST OFFICE SAVINGS ACCOUNT IS NOT ACCEPTABLE</b>	

**NAME AND ADDRESS OF TRIBAL CHIEF (IF APPLICABLE)**


I undertake to inform the Fund about any changes that may occur.

I undertake to advise the Fund immediately should any of the abovementioned children leave school/a tertiary institution, or for any other reason cease to be dependent on me for support.

I am aware of the fact that should I fail to comply with this undertaking, any overpayment of benefits, which may occur, together with interest thereon, will be recovered from me.

**DECLARATION OF DEPENDENCY BY APPLICANT**

(Only to be completed where applicant was dependent)

I, (full name) \_\_\_\_\_

Identity number \_\_\_\_\_ Do solemnly declare as follows:

- a. I am unemployed/employed/a pensioner and my monthly income is \_\_\_\_\_ R
- b. I was dependent on the deceased and he/she used to support me at the rate of \_\_\_\_\_ R  
Per month

**DECLARATION OF GUARDIANSHIP**

(To be completed by the Guardian)

I, (full name) \_\_\_\_\_

Identity number \_\_\_\_\_ Hereby declare that I am the GUARDIAN  
Of the following children:

NAME OF CHILD	DATE OF BIRTH

I will take care of them with the money that the Fund will pay me towards their care and I will ensure that they attend school until they are independent.

I undertake to inform the Fund of there well being failure to do so will result in me receiving a penalty for negligence.

**LOBOLA DECLARATION**

(Only to be completed by spouse e.g. Husband/Wife who was married to the deceased in terms of a traditional union)

I, (full name) \_\_\_\_\_

Identity number \_\_\_\_\_ Do solemnly declare as follows:

- a. My late boyfriend/husband paid \_\_\_\_\_ For Lobola.
- b. From the relationship/marriage \_\_\_\_\_ Children were born
- c. My marriage to the deceased was not dissolved before \_\_\_\_\_ (Date of death) by Divorce or otherwise.
- d. I was the only/first/second wife/husband of the deceased and we were never separated from each other.
- e. My late boyfriend/husband pad \_\_\_\_\_ For Lobola.
- f. We were separated for \_\_\_\_\_ Years before his/her death.

**THE ABOVE-MENTIONED PARTICULARS ARE CORRECT IN EVERY RESPECT**

**\*SIGNATURE OR RIGHT-HAND THUMB-PRINT OF APPLICANT**

\_\_\_\_\_

Signed and sworn to before me at \_\_\_\_\_ On this \_\_\_\_\_

Day of \_\_\_\_\_ 200\_ by the above who acknowledges and declares that the contents Hereof are to the best of his/her knowledge correct, that he/she has no objection in taking the oath and that he/she considers the oath to be binding on his/her conscience.

**\* To be signed in the presence of a Clergyman, Justice of the Peace or Commissioner of Oath.**

**PLEASE COMPLETE IN FULL**

<b>TO BE COMPLETED BY CLERGYMAN, JUSTICE OF THE PEACE / COMMISSIONER OF OATH</b>	
Signature:	
Full name and surname:	
Position held:	
Street address:	
Area:	
Force number:	

OFFICIAL STAMP

**DECLARATION BY WITNESS (DECEASED'S FAMILY MEMBER)**

I, (full name) \_\_\_\_\_

Identity number \_\_\_\_\_ Declare herewith under oath that, to the Best of my knowledge, the applicant:

- a. Is a spouse/child/guardian/parent/brother/sister/other dependent of the deceased, and
- b. Was dependent on the deceased.

My relationship with the deceased \_\_\_\_\_

My address \_\_\_\_\_

My telephone number \_\_\_\_\_

**Please note that the witness must be a member of the deceased's family**

**\*SIGNATURE OR RIGHT-HAND THUMB-PRINT OF APPLICANT**

Signed and sworn to before me at \_\_\_\_\_ On this \_\_\_\_\_

Day of \_\_\_\_\_ 200\_ by the above who acknowledges and declares that the contents Hereof are to the best of his/her knowledge correct, that he/she has no objection in taking the oath and that he/she considers the oath to be binding on his/her conscience.

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**PLEASE COMPLETE IN FULL**

<b>TO BE COMPLETED BY CLERGYMAN, JUSTICE OF THE PEACE / COMMISSIONER OF OATH</b>	
Signature:	
Full name and surname:	
Position held:	
Street address:	
Area:	
Force number:	
HR Office:	
Municipality:	
Personnel Officer:	
Telephone number:	