



# SAEWA

## SOUTH AFRICAN EQUITY UNION

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PO Box 874, Germiston, 1400

Email: headoffice@saewa.co.za Website: www.saewa.co.za

CALL CENTRE 086 077 2392 Tel: 011 827 5353 Fax: 086 686 9103

LR2/6/2/1157



## FUNERAL CLAIM FORM

<p><b>To be completed by member in case of the death of his wife/her husband or dependent children. Claim may only be processed once original form has been faxed through to head office 086 686 9103.</b></p>			
<b>MEMBER DETAILS</b>			
Member's First Name(s):			
Member's Surname:			
Contact Number:			
Place of Employment:			
Name of Deceased:			
Relationship to Member:	Spouse:		Child:
Date of Death:			
Cause of Death:			
<b>BANKING DETAILS</b>			
Account Holder:			
Bank Name:			
Account No:		Cheque:	Savings:
Branch:		Branch Code:	

I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE ABOVE PARTICULARS ARE TRUE AND ACCURATE.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received in Office Date: \_\_\_\_\_

**NB: No claim will be processed without the correct banking details.**

<b>CHECK LIST</b>			
Claim Form		Marriage Certificate	
ID of Member & Spouse		Birth Certificate (If Child)	
Death Certificate		Affidavit (If Member is Unmarried)	
Funeral Invoice/Receipt			