

MUNICIPAL WORKERS RETIREMENT FUND

Fax 011 482 7044/2590



Section 1. Member Details

Surname				
Name			I D no	
Sex	Male		Female	
Occupation			Employee no.	
Contact details	(Cell)	(Home)	(Work)	
Home address				
Name of employer	Contact details of employer:			

Is the deceased a (Tick) Member ☐ Spouse ☐ Child ☐

Section 2. Deceased Details (if different from member)

Name			
Surname		ID no.	
Sex	Male		Female
Physical address			

Section 3. (When applicable) The following are the Dependants of the deceased Participant:

	Name and Surname	Identity Number	Date of Birth
Spouse 1			
Spouse 2			
Children 3			
4			
5			
6			

Section 4. Claimant Details

Names			
Surname		ID no.	
Sex	Male		Female
Contact no.	(Cell)	(Home ph)	(Work ph)
Address			
Name of Bank		Branch code	
Account type	Saving	Cheque	Transmission

I hereby declare that the above information is correct and shall not hold Municipal Workers Retirement Fund, and its officers liable for any losses as a result thereof, and further authorize Municipal Workers Retirement Fund to verify my banking details and any other information as may be required.

Signature

Section 5. List of documents to attach with the claim form

(Please Tick)

- | | | |
|----|---|--------------------------|
| 1. | Funeral claim form | <input type="checkbox"/> |
| 2. | Member's ID copy | <input type="checkbox"/> |
| 3. | Certified ID copy of the claim | <input type="checkbox"/> |
| 4. | Certified copy of death certificate | <input type="checkbox"/> |
| 5. | Payslip at date of death | <input type="checkbox"/> |
| 6. | Proof of registration or medical report | <input type="checkbox"/> |
| 7. | Proof of relationship | <input type="checkbox"/> |
| 8. | Bank statement of claimant | <input type="checkbox"/> |

Human Resources authorized signature

Name: _____ Signature _____ Date _____

MUNICIPAL STAMP