

DEATH NOTIFICATION FORM

Fund Name: _____

PERSONAL DETAILS

Full names: _____

Employee number: _____

Gender:

<input type="checkbox"/> F	<input type="checkbox"/> M
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Omang Number: _____ Date of Birth: ____/____/____

Date Joined Company: ____/____/____ Date Joined Fund: ____/____/____

Physical Address: _____

Postal Address: _____

SALARY AND TAX DETAILS

Current Tax Year Salary: _____

P.A.Y.E: _____

Tax Identification Number (TIN): _____

FUND DETAILS

Date of Death (DOD): ____/____/____ Date last actively at work: ____/____/____

Date of Last Contribution: ____/____/____ Annual Fund Salary at DOD :P_____

Important

Trustees are required to identify all financial dependants and nominated beneficiaries. The following documents must be attached / completed where applicable. Please notify us as soon as you become aware of a claim. Please provide original certified copies.

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Death Certificate | <input type="checkbox"/> Omang | <input type="checkbox"/> Marriage Certificate | <input type="checkbox"/> Death Claim Investigation Form |
| <input type="checkbox"/> Trustees Resolution | <input type="checkbox"/> Proof of Earnings | <input type="checkbox"/> Dependants Birth Certificates/ Omang | |
| <input type="checkbox"/> Spouse ID | <input type="checkbox"/> Guardian Details | <input type="checkbox"/> Nomination of Beneficiaries Form | |

COMPANY DECLARATION

We hereby certify that, to the best of our knowledge, the above information is true and correct.

Name of Authorized Personnel: _____ Designation: _____

Contact Number: _____ Authorised Signature: _____

Date: _____