



Tontozo

FAMILY FUNERAL SCHEME
BY ST. ANN'S

FUNERAL CLAIM FORM

PLEASE ATTACH THE FOLLOWING DOCUMENTS TO CLAIM

- Certified copy of death
- Certified copy of Main Member's or Administrator's proof of identity
- Proof of bank details for beneficiary
- Proof of relationship to Main Members for the deceased (if the deceased is a Dependant)

* Tontozo reserves the right to call for additional documents where necessary to validate the claim.

Policy Number

NRC Number

Main Member's Details

Surname

First Name

D.O.B Gender M ☐ F ☐

Mobile Number

E-mail Address

Postal Address

Claimant's Details

Surname

First Name

NRC Number

D.O.B Gender M ☐ F ☐

Mobile Number

Postal Address

Relationship to Main Member

Deceased's Details

Is the deceased: Main Member ☐ Spouse ☐ Child ☐ Parent ☐ Extended Family ☐

Surname

First Name

NRC Number

Date of Death

D	D	M	M	Y	Y	Y	Y
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 Gender M ☐ F ☐

Cause of Death Natural ☐ Unnatural ☐

Details on cause of death

If the death is due to an accident, was it reported to the police? Yes ☐ No ☐

Name of Police Station Case Number

Claim Payment Details

Claim Payment Method

EFT ☐ CHEQUE ☐

Bank Details for EFT Payments

(Please attach a copy of the latest bank statement- must not be older than 3 months, or confirmation of account details on the bank's letterhead)

Name of Account Holder

Account Number

Name of Bank

Branch Code Branch Name

Account Type

Claimant's Declaration

I, in my capacity as a claimant, hereby certify that the above information submitted by me, is to the best of my belief and knowledge and both are true and correct.

I further confirm that I have not withheld, concealed or misstated any information. I further understand that any misstatement or non- disclosure of information, which materially affects the assessments of this claim, will entitle Tontozo and Liberty Life to declare this claim null and void.

Claimant's Full Name

Claimant's Signature

Date

D	D	M	M	Y	Y	Y	Y
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