CAPITAL ALLIANCE LIFE LIMITED
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CAPITAL ALLIANCE
Group Risk
A division of Liberty Corporate

Funeral claim form

Tick where applicable ☐ Kindly answer all questions in full Please use a black pen and block letters

Fund name _____ Fund number _____

Member name _____ Member number _____

Your checklist

☐	1. Funeral claim form
☐	2. Copy of death certificate
☐	3.Proof of identity of the main member (Copy of ID)
☐	4. Beneficiary nomination form and proof of identity of the beneficiary, if the deceased is the main member
☐	5. Should an application be lodged for a spouse or a child, proof of identity of deceased
☐	6. Should an application be lodged for a spouse or a child, proof of the relationship of the deceased to the main member e.g. marriage certificate/labolla letter or birth certificate
☐	7. Should an application be lodged for a child and the deceased's surname differs from the main member we require a declaration from the other parent confirming that the main member is the biological parent of the child.
☐	8. Should an application be lodged for spouse and the deceased's surname differs from the main member, we require a declaration from a third party i.e. Tribal chief/Community leader or minister of religion confirming the relationship
☐	9. All payment is to be made into a bank account. We require proof of bank details (cancelled cheque or bank statement confirming the account holder's full names, account number and branch code)

Please help us to help you by submitting relevant documentation detailed above so that we can process your claim quickly.
Please note that incomplete claim forms or documentation will result in delays in the processing of your claim.

What do all the words mean?

Account holder	The person or company or institution in whose name the bank account is held
Bank branch code	The branch reference number (i.e.: the number in the top right hand corner of a cheque)
Deceased	The deceased may be the life insured, spouse or child
Life insured	The person whose life is covered by the policy
Main member	The person who belongs to the funeral scheme
Proof of identity	A birth certificate in the case of a minor or an official document with a photograph identity number, first names(s) and surname of the person (e.g. Copy of ID book)

Declaration for funeral claims

Main member _____

Name of deceased _____

Deceased's Relationship to Main Member (if applicable) _____

Date of birth of deceased _____

ID number of deceased ☐☐☐☐☐☐☐☐☐☐☐☐☐

Date of death D D M M Y Y Y Y

Exact cause of death _____

_____

Payment details

For security reasons we recommend that payment be made directly into your bank account. We require proof of your banking details (Cancelled cheque or a bank statement confirming the account holder's full names, account number and branch code

Account type Savings ☐ Transmission ☐ Current account ☐ Credit card ☐

Name of bank _____

Payee name _____

Branch _____ Branch number/code _____

Account number ☐☐☐☐☐☐☐☐☐☐☐☐☐

Telephone number (account holder) _____

Email address (account holder) _____

_____

Signature of account holder Date D D M M Y Y Y Y

Declaration

We hereby certify that the above information is true and correct in every detail, and Capital Alliance Group Risk is hereby authorized to make a payment as stated above. We agree payment as stated above shall constitute good and effectual settlement and shall be full and final discharge to Capital Alliance Group Risk of it's liability in terms of the rules of the fund.

Remarks _____

_____

Authorized signatory _____

Designation _____

Date D D M M Y Y Y Y

Employer's stamp