

# Funeral Claim Form



## Member's Details

Surname & Title	Member Ref No.
Alternative Surname	
First Name & Initials	Date of Birth (dd/mm/yyyy)
Identification No.	
Marital Status	Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
Postal Address	

## Deceased's Details

Surname & Title	First Name & Initials
Relationship to Member	Member <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Extended <input type="checkbox"/>
Date of Death (dd/mm/yyyy)	
Date of Last Contribution (dd/mm/yyyy)	Amount of Last Contribution PM <input type="checkbox"/> PW <input type="checkbox"/>
Date of Birth (dd/mm/yyyy)	Cause of Death

## Payment Details

To Whom is the Benefit Payable? Dependants/Nominees  Member  Scheme  Other  If 'Other' enter name and postal address below

Name

Postal Address

Payment by Cheque  Payment Directly into Bank or Society Account

Name of Bank or Building Society

Branch Office

Branch No. (Bank Only)

Account No.

Account Type (Transmission, cheque, etc.)

Member's / Dependant's Signature	Date (dd/mm/yyyy)
On Behalf of Society	Date (dd/mm/yyyy)

Where the claim is i.r.o. the member's spouse, child or parent.

Claims must be notified to Metropolitan Botswana within 6 months from date of death in order for the claim to be valid.

### Notes

The following supporting documents must be submitted:

Death of Member	Original or certified copy of death certificate	<input type="checkbox"/>
	Original or certified copy of marriage certificate, where widow(er) benefits are payable	<input type="checkbox"/>
	Original or certified copy of birth certificate(s) of children where children's benefits are payable	<input type="checkbox"/>
Death of Spouse	Original or certified copy of death certificate	<input type="checkbox"/>
	Original or certified copy of marriage certificate	<input type="checkbox"/>
Death of Child	Original or certified copy of death certificate	<input type="checkbox"/>
Death of Parent	Original or certified copy of death certificate	<input type="checkbox"/>
	Other Dependents or Nominees Original or certified copy of death certificate	<input type="checkbox"/>

### KYC Process

Metropolitan KYC Form	<input type="checkbox"/>
Identification document with 3 months validity <i>e.g. certified ID/Passport, work &amp; residence permit for foreign nationals</i>	<input type="checkbox"/>
Source of funds/proof of income in the form of payslip or bank statement	<input type="checkbox"/>
Proof of residence: <i>Utility bill not older than 3 months, lease agreement, affidavit or letter from employer</i>	<input type="checkbox"/>

Stamp Box