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CHECK LIST

Please help us to submitting relevant documentation so that claims can be processed quickly. Please note incomplete documentation will result in delays in the processing of claims.

	Funeral Claim Form
	Certified Copy Of Death Certificate
	Certified Copy Of ID Main Member
	Beneficiary Nominated Form (APPLICATION FORM)
	Should Application Be Lodged For Spouse Or Child Proof Of Identity Of Deceased
	Any Other Additional Documentation Can Be Requested In Order To Process The Claim
	six months proof of payment
	If previously underwritten proof of underwriting from previous underwriter
	Police report or other

DECLARATION FOR FUNERAL CLAIM

POLICY NUMBER		INSETION DATE	
INDIVIDUAL COVER	FAMILY	SINGLE PARENT WITH CHILDREN	
5+1	9+1	13+1	

PRINCIPAL MEMBERS DETAILS

SURNAME :		FULL NAMES:										
POSTAL ADDRESS:				CODE:								
TEL NO(W):			TEL NO(H):									
CELLPHONE:			EMAIL:									
IDENTITY/PASSPORD:						DOB						
MARITAL STATUS SINGLE		DIVORCED		MARRIED								
RELATIONSHIP TO PRINCIPAL:												
NAME OF DECEASED:												
DATE OF BIRTH:												
DATE OF DEATH:												
DECEASED ID NUMBER:												
CAUSE OF DEATH:												

PAYMENT DETAILS

ACCOUNT TYPE:	
NAME OF BANK:	
ACCOUNT HOLDER :	
BRANCH NAME:	BRACH CODE:
ACCOUNT NUMBERS	

SIGNATURE ACC HOLDER _____ DATE _____

BUSINESS STAMP

<p>Nationwide Personalised Funeral Care</p>
