

DEATH GRANT CLAIM FORM

To be completed by Branch Secretary (or member of Branch Committee) **IMMEDIATELY UPON DEATH OF MEMBER** and forwarded to the General Secretary, P.O. Box 31100, Braamfontein, 2017; Fax: 011 728 8258 or Internal Fax: 011 773 7920; E-mail: headoffice@untu.co.za - .

PLEASE ATTACH CLEAR COPIES OF THE FOLLOWING REQUIRED DOCUMENTS:

- ✓ **Death Certificate (certified)**
- ✓ **Identity Document**
- ✓ **Bank Statement**
- ✓ **Marriage Certificate.**

DETAILS OF MEMBER

NAME AND SURNAME:
 DEPOT/CENTRE: JOB TITLE:
 SAP NO: I.D. NO:

DETAILS OF DECEASED

NAME AND SURNAME: (Deceased):
 DATE OF BIRTH: I.D. NO:
 DATE OF DEATH:
 PLACE AND DISTRICT WHERE DEATH OCCURRED:
 WAS DECEASED MARRIED AT TIME OF DEATH:

DETAILS OF CLAIMANT

FULL NAMES:
 ADDRESS:
 CONTACT NO: Home Work: Cell:
 BANKING DETAILS: Bank: Branch:
 Account no: Branch code:

BRANCH OFFICIAL / TUR

TEL: FAX: DATE:

NAME & SURNAME: SIGNATURE: