



FUNERAL EXPENSES CLAIM FORM

CLAIMANT DETAILS

Name: _____ ID No.: _____

P.O Box: _____ Postal Code: _____

Mobile No.: _____ Email: _____

DECEASED MEMBER DETAILS

Name: _____ Date Of Death: ____/____/____

M/No.: _____ ID/No.: _____ PF/ No.: _____

I am the above mentioned person related to the above deceased member who is my _____

I hereby request payment of the member funeral expense. I declare that the information I have given is true, and I shall be legally held liable in the event the same is found to be untrue.

Signature: _____ Date: ____/____/____