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 Reg No: 2007/000667/23 cc

Authorised Financial Service Provider

DOCUMENTS REQUIRED FOR A DEATH CLAIM

<u>MEMBER</u>	<u>SPOUSE</u>	<u>CHILD/STILLBORN/MISCARRIAGE</u>
<ul style="list-style-type: none"> • DEATH CLAIM FORM • CERTIFIED ID OF MEMBER • CERTIFIED SPOUSE ID • CERTIFIED ID OF CLAIMANT • CERTIFIED MARRIAGE CERTIFICATE • IF DECEASED WERE MARRIED TRADITIONALLY WE REQUIRE TWO ADDITIONAL AFFIDAVITS AND CERTIFIED ID COPIES FROM BOTH FAMILIES STATING THEY WERE MARRIED TRADITIONALLY • CERTIFIED DEATH CERTIFICATE • AFFIDAVIT FROM THE BENEFICIARY STATING THE RELATIONSHIP TO THE DECEASED • IF MEMBER IS NOT BORN IN SA WE REQUIRE A CERTIFIED PASSPORT • (NOTIFICATION/REGISTER OF DEATH/STILLBIRTH) BI 1663 FROM HOSPITAL OR UNDERTAKER • PAYSリップ • STAFF LIST WITH EMPLOYEE NAME AND ID REFLECTING • BENEFICIARY BANK STATEMENT REFLECTING ACCOUNT NUMBER 	<ul style="list-style-type: none"> • DEATH CLAIM FORM • CERTIFIED ID OF MEMBER • CERTIFIED ID OF DECEASED • CERTIFIED MARRIAGE CERTIFICATE • IF DECEASED WERE MARRIED TRADITIONALLY WE REQUIRE TWO ADDITIONAL AFFIDAVITS AND CERTIFIED ID COPIES FROM BOTH THE FAMILIES STATING THEY WERE MARRIED TRADITIONALLY • CERTIFIED DEATH CERTIFICATE • AFFIDAVIT FROM THE MEMBER STATING THE RELATIONSHIP TO THE DECEASED • IF MEMBER/ DECEASED IS NOT BORN IN SA WE REQUIRE A CERTIFIED PASSPORT • (NOTIFICATION/REGISTER OF DEATH/STILLBIRTH) BI 1663 FROM HOSPITAL OR UNDERTAKER • PAYSリップ OF MEMBER • STAFF LIST WITH EMPLOYEE NAME REFLECTING • BENEFICIARY BANK STATEMENT REFLECTING ACCOUNT NUMBER 	<ul style="list-style-type: none"> • CERTIFIED COPY OF BI 20 (ABRIDGE DEATH CERTIFICATE) OF CERTIFIED • DEATH CERTIFICATE • CERTIFIED COPY OF BIRTH CERTIFICATE • CERTIFIED ID COPIES OF BOTH THE PARENTS • AFFIDAVIT FROM BOTH THE PARENTS STATING THAT THEY WERE THE BIOLOGICAL PARENTS OF THE DECEASED • (NOTIFICATION/REGISTER OF DEATH/STILLBIRTH) BI 1663 FROM HOSPITAL OR UNDERTAKER • 3RD PARTY AFFIDAVIT OF A PERSON NOT LIVING WITH THEM. • PAYSリップ • STAFF LIST WITH EMPLOYEE'S NAME REFLECTING • BENEFICIARY BANK STATEMENT REFLECTING ACCOUNT NUMBER • LETTER FROM DOCTOR STATING HOW FAR THE PERSON WAS PREGNANT

PLEASE NOTE THAT ALL DEATH CLAIM FORMS MUST BE SIGNED BY BOTH MEMBER AND RESTAURANT OWNER. IF THE MEMBER IS THE DECEASED THEN BOTH BENEFICIARY AND RESTAURANT OWNER MUST SIGN.

SHOULD THE BENEFICIARY REQUEST THAT THE MONEY BE PAID INTO ANOTHER NOMINATED BANKING ACCOUNT, THE BENEFICIARY MUST SUBMIT A AFFIDAVIT AUTHORIZING METROPOLITAN TO PAY THE MONEY INTO THE NOMINATED BANK ACCOUNT.

❖ **ADDITIONAL DOCUMENTS MAY BE REQUIRED BY METROPOLITAN FROM TIME TO TIME**