



LOCAL AUTHORITIES AND UTILITY SERVICES IN NAMIBIA (023418)
FUNERAL INSURANCE CLAIM FORM

A. Particulars of Member

Full Names: _____
Identity Number: _____ Date of Birth: ____/____/____
Employee Nr: _____ Gender: _____ Marital status: _____
Date of permanent appointment: ____/____/____ Last date of active service: ____/____/____
Date of last contribution: ____/____/____

B. Particulars of Deceased

Full Names: _____
Identity Number: _____ Date of Birth: ____/____/____
Gender: _____ Marital status: _____
Date of death: ____/____/____ Cause of death: _____

C. Description	Tick applicable box:	Amount Payable
Qualifying member		N\$ 42 000.00
Qualifying spouse		N\$ 42 000.00
Qualifying child (Age 14 years and over 21 or disabled) <ul style="list-style-type: none">if the child is 21 years or older, but under the age of 26 years, <u>such child is a full-time student at an educational institution.</u>Incapacity commenced when the child was either under the age of 21 or under the age of 26 years thus cover can continue to 60.		N\$ 42 000.00
Qualifying child (Age 6 years and over, but younger than 14 years)		N\$ 22 000.00
Qualifying child (younger than age 6 years and older than 1)		N\$ 10 000.00
Qualifying child (younger than age 1 years and still-born child) <ul style="list-style-type: none">In case of the death of a still born baby where a full birth certificate is not issued, a medical certificate of the causes of death – still birth is required where time of pregnancy must be stipulated. Sanlam only pay claims where the applicable beneficiary pregnancy lasted for 26 weeks and more.		N\$ 10 000.00

D. Documents required by Sanlam

1. Certified copies of the following:
 - Death certificate
 - Deceased's identity document
 - Claimant's identity document
 - Marriage certificate or Certificate of Customary Union (in the case of a deceased spouse)
 - Full birth certificate (in the case of a deceased child)
2. Bank Confirmation letter of the beneficiary
3. FIA Form 2 (Must be Completed by the beneficiary if natural person)
4. Copy of insured's latest pay slip
5. Please note additional documents can be requested aligning to the policy definitions.

E. Beneficiary Details

Beneficiary's Name: _____
Relationship to the Deceased: _____
Name of Bank: _____
Branch: _____
Account Number: _____
Residential Address: _____
Contact Details: _____

F. Declaration and Certification

We, the undersigned, hereby declare that the deceased qualified for benefit in terms of the scheme at the date of death, that the above information is complete and correct, and we recommend that the claim be admitted.

Signed at _____ on the _____ day of _____ cyy _____

On behalf of the scheme

1. _____ (Capacity): _____

Official Stamp of Company/Principal Officer:



NATURAL PERSON (Namibian & Foreign)
1. CLIENT INFORMATION:

Investment account nr / Policy nr: _____

1. Full names:	
2. Previous names:	3. Date of Birth
4. Surnames:	
5. Country of Birth	6. Nationality:
7. ID nr:	8. Passport nr:
9. Country of issue (if Passport nr was provided):	10. Occupation:
11. Source of funds (paid to investment / policy):	12. Principal source of income:
13. Additional sources of income:	14. Source of wealth:
15. Business activities:	16. Location of business activities (street address):
17. Purpose of business relationship with Sanlam	18. Other investments or policies held at Sanlam:
19. Residential address (street number, street name, town/city, country):	
20. Residential address in foreign country (of domicile - if not Namibian):	
21. Employer / Name of business:	22. Net amount of monthly income N\$:
23. Postal address:	
24. Cell phone:	25. Telephone:
26. Country of tax residency:	27. Tax reference number:
28. Email address:	

2. ATTACH (copy of) IDENTITY DOCUMENT:

- 1 ☐ Identity Document; or
☐ Valid Passport.
 * *Birth Certificate - acceptable for a minor (below the age of 18 years) only.*

IF APPLICABLE, COMPLETE "FIA FORM 1" FOR EACH AND ATTACH IDENTITY DOCUMENT:

- 1 ☐ E.g. Person holding a Power of Attorney;
 E.g. Parent / Guardian acting on behalf of the minor;
 E.g. *Curator (ad litem / bonis)* of the natural person; or
 E.g. Third party who makes financial contributions (payer).

Declaration by Client:

I, _____ (full names and surnames): hereby confirm that the above information is true and correct.

Signature

Date
FIA Declaration by Intermediary (Broker / Person contracted by Sanlam / Sanlam employee):

I, _____ (names and surnames) with ID nr: _____ and with Sanlam code: _____, hereby confirm that I have established the identity of this person as required by the FIA and the Regulations. I have seen the original (or certified copies of the original) FIA verification documents.

Signature

Date

**Source of Wealth: How did the client acquire most of his/her assets? For example, it could have been from: Salary, inheritance, business income, policy proceeds, investment proceeds and/or sale of property etc.*