



HEAD OFFICE 4<sup>TH</sup> FLOOR, SOUTH WING, BEVERLEY COURT, 100 NELSON MANDELA AVENUE,  
 P.O BOX 3313, HARARE, ZIMBABWE  
 TEL: +263 4 796010/1, 702133 FASCIMILE: +263 4 702480

**Funeral Cash Plan Claim Form**

Tick where applicable	X	Kindly answer all the questions in full	Please use block letters
-----------------------	---	---	--------------------------

**Your checklist**

	Funeral Cash Plan Certificate
	Copy of death certificate
	Copy of burial order
	Accident report (if death is a result of road accident)
	Police report
	Proof of identity of the principal member
	Proof of identity of the deceased
	Copy of BD-11/2 notification of death- obtainable from attending doctor or hospital

Please help us to help you by submitting relevant documentation detailed above so that we can process your claim quickly.

Please note that incomplete claim forms or documentation will result in delays in the processing of your claim.

**Declaration for funeral claims**

Principal member .....

Employer ..... Telephone.....

Name of deceased .....

Relationship of claimant .....

Last known address of deceased .....

Date of birth of deceased .... / .... / .....

Date of death .... / .... / .....

Exact cause of death .....



HEAD OFFICE 4<sup>TH</sup> FLOOR, SOUTH WING, BEVERLEY COURT, 100 NELSON MANDELA AVENUE,  
P.O BOX 3313, HARARE, ZIMBABWE  
TEL: +263 4 796010/1, 702133 FASCIMILE: +263 4 702480

Duration of last illness .....

Hospital name .....

Hospital phone number .....

Ward and bed number .....

Police station where death was reported .....

Name of doctor who issued BD11/2 .....

Was the deceased a scholar/student/employed .....

Name of school/college/employer .....

Telephone number of school/college/employer .....

Principal's name/Manager's name .....

Name of funeral parlour .....

Address of parlour .....

Contact person at parlour .....

Parlour phone number .....

Place of burial .....

Witness (same surname as deceased) .....

Signature ..... National I.D Number .....

**Declaration**

I hereby declare that the deceased was a member of the scheme at the date of death or a dependant of a member, all particulars furnished in this form and accompanying documentation are true and correct. I have made every effort to comply with the requirements stated in this document.

Signature ..... Date .....