



SWANDLA SWA HLANTSWANA

CLAIM NOTIFICATION FORM

Principal member Name: _____ Policy No.: _____

Member Group No.: _____ Scheme No.: _____

Address: _____

Name of Deceased: _____ Date of Death: _____

Relationship to Principal Member: _____ Age at death: _____

Type of Death: Natural Death Unnatural Death

Proof of Death – Original or certified copies attached:

BI-5 BI-18 BI-20 BI-1663

Copy of Principal Member's Identity Document or Passport Copy of Deceased's Identity Document or Passport

Copy of Beneficiary's Identity Document or Passport

Supporting documents applicable: (refer reverse)

Settlement of Claim: EFT Cash Deposit

Bank Account Holder: _____

Bank Name: _____ Branch: _____

Bank Account No. _____ Branch Code: _____

Type of account: Savings Cheque Transmission

Identity Document of Beneficiary produced and verified.

Signature of Claimant: _____ Date: _____

Name of Claimant: _____ Designation: _____

Telephone: _____ Fax: _____

Company stamp:

Directors: V.A. Mabunda, N.G. Matobela, B.C. Bosman, T.E. Mabunda

Affordable Funeral Investments (Pty) Ltd (**Reg. No. 2014/036681/07**) is a Licensed Financial Services Provider (**FSP No. 45608**) and is underwritten by Safrican Insurance Company Ltd (**FSP No. 15123**).

Physical Address (Limpopo Province): LEDA Offices | Suite 139 Parliament Road | **Giyani** | 0826

Physical Address (Gauteng Province): 1 Centrex Close | Corner Katherine Street | Eastgate Ext 4 | **Sandton** | 2090

Postal Address (Limpopo Province): P.O. Box 4954 | **Giyani** | 0826

Telephone: 015 812 0042 | **Fax:** 015 812 0042 | **Email:** info@afinvestments.co.za | **Website:** www.afinvestments.co.za



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CLAIM STAGE AUTHORITY IN RESPECT OF THIRD PARTY

Policy Number: _____ Date: _____

ID number: _____ Member Group No.: _____

Principal Member's Name: _____

I, _____, ID number
_____ hereby confirm that I am the policyholder and / or a family of the
deceased _____ ID number
_____, and he/she is my _____ (relation).

I hereby direct Safrican Insurance Company to pay the benefit in the amount of R _____ (amount in
words) _____ from this funeral policy to
Affordable Funeral Investments (Pty) Ltd in order that the funeral arrangements can proceed. I also confirm that I
am duly authorised to sign this authority.

I further indemnify Safrican against all claims by any party for any benefits or monies, loss or damages incurred
or suffered, in respect of, or caused by, any representation made by me to Safrican and/or the payment by
Safrikan to the above named person of the above mentioned amount or part thereof in respect of the applicable
policy benefit.

Signature

Contact details of person giving the authority:

Cell: _____ Tel (W): _____

Address: _____

Directors: V.A. Mabunda, N.G. Matobela, B.C. Bosman, T.E. Mabunda

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