



DUPS DIRECT FUNERAL PLAN

APPLICATION FOR A FUNERAL CLAIM

DECLARATION FOR FUNERAL CLAIMS *(Fill Application Form in capital letters)*

Policy number:
Policy holder:
Policy holder's work address:
Telephone number:

DETAILS OF THE DECEASED

Name of deceased:
Relationship to claimant:
Residential address:
Occupation of deceased:
Date of birth of deceased:
Date of death:
Cause of death:
Name of chief:
Residential address of chief:

Duration of last illness:
Doctor who issued medical certificate of death:
Hospital name:
Hospital telephone number:
Admission / Patient/Ward number:
Police station where death was reported:
Date of funeral:

Was he/she a scholar/employed:
Name of school / employer:
Postal address:
Telephone / Cell number:
Head of department:

**Remember: For smooth processing of claims, monthly premiums must be up to date
CALL CENTER: +268 2508 6001**

DETAILS OF CLAIMANT

Full names:
National Identification number:
Postal address:
Residential address:
Employer:

I, in my capacity as the claimant, declare and warrant that all the statements and answers which may now or at any time be given in connection with this claim whether in my handwriting or not, are true and complete. I understand that any misstatement or non-disclosure which materially affects the assessment of this claim will entitle United Life Assurance to declare this claim null and void.

Date:

Signature:

I, (full names) _____ declare that the above information is a true reflection of the information furnished by the informant. I further declare that the informant, _____ has identified himself / herself by means of a valid ID document number _____ (copy attached). I further understand that United Life Assurance investigates and pursues prosecution on a fraud attempt.

Date: _____ Time: _____ Place: _____ Branch: _____

PAYMENTS DETAILS

I authorize the following payment method:

(A) **CASH;**

- Surname:.....
- First name(s):.....
- ID number:.....
- Tel/Cell number:.....

(B) **CHEQUE, PAYABLE TO**

- Full name:.....
- Postal address:.....
- Tel/Cell number:.....

(C) **EFT;**

- Full name:.....
- Account number:.....
- Bank and Branch:.....
- Branch code:.....

United Life Assurance accepts no responsibility for any payment which may be fraudulently negotiated or lost nor will any payment be released without proof of identity.

Date:

Signature of owner:

HELPLINE

IN CASE OF ANY PROBLEMS OR QUESTIONS WHEN FILLING IN THIS FORM, PLEASE CALL THE MANAGER AT UNITED LIFE ASSURANCE AT 7602 6423 / 2508-6001 OR VISIT OUR OFFICES .