

DEATH AND FUNERAL CLAIM FORM

- Subject to 26 weeks' consecutive contributions
- Source documentation to be submitted within 48 hours after registration of claim
- Only fully completed applications will be processed
- Making use of AVBOB (as a preferred service provider), funeral claims will be guaranteed subject to specified criteria

MISA Head Office
 201 MISA Centre, 12 Fir Drive
 Northcliff Ext 2, Johannesburg, 2195
 PO Box 1604, Northcliff, 2115
 Claims Department
 086 099 4147 | ✉ claims@ms.org.za

Deceased Member's Details				
Surname			Gender	
Full Names				
ID Number			Date of Death	
Which funeral parlour are you using?	AVBOB	Doves	Martins	Other (Please specify)
Details of Claimant				
Surname		Full Names		
ID Number		E-mail		
Cell Number		Tel. Number		
Bank Name		Acc No.		
Branch Code		Type Acc		
Deceased Member's Employer Details				
Company Name				
Tel. Number			E-mail	
Compulsory Source Documentation				
1	Certified copy of claimant's ID		2	Certified copy of deceased member's ID
3	Certified copy of Death Certificate		4	Stamped Bank Statement or Bank Confirmation letter not older than three months
Certification must be by a Commissioner of Oaths and may <u>not be older than six months</u> . (To contain signatory's Signature; Full Names; Designation; Business Name; Business' Physical Address and/or Contact Details and Date.)				
In the absence of a nominated beneficiary on the member's application form, additional documentation will be required.				
I solemnly declare that the particulars detailed above are true and correct.				
Signature of Claimant			Date	