



DEATH NOTIFICATION & INVESTIGATION FORM

1. DEATH PARTICULARS

Please note, fields marked with an asterisk () are compulsory and claims cannot be processed without this information.*

Municipality name / SAPS area office name _____ *	Employee/Payroll ref no _____ *
Member's ID no _____ *	Membership no _____ *
Member's full name (as per ID document)	Surname _____ *
	Forenames _____ *
Date of death _____	Month of last contribution _____ *

2. LOAN DETAILS

Where the scheme has concluded a formal home loan agreement with a lending institution, does the member have any outstanding home loans in terms of that agreement? YES NO

If yes, please provide details (Documentary proof will be required)

3. TAX PARTICULARS

Member details

3.1 Tax number	_____
3.2 If member is not registered for income tax, tick applicable block	<input type="checkbox"/> Site <input type="checkbox"/> Other
3.3 If "Other", provide details	_____ _____
3.4 Residential address	_____
	Code
3.5 Postal address	_____
	Code
3.6 Please provide the member's annual taxable income for the last five tax years	Tax year ended _____ *R
	Tax year ended _____ *R
	Tax year ended _____ *R
	Tax year ended _____ *R
	Tax year ended _____ *R

Employer details

3.7 Municipality / SAPS PAYE reference number	_____
3.8 Municipality / SAPS PAYE contact person:	_____
a) Name	_____
b) Telephone number	_____
3.9 Municipality / SAPS postal address	_____
	Code
3.10 Municipality / SAPS physical address	_____

Please note that in the event of any modification or variation of this standard form this form will be regarded as being invalid and of no force and effect. **Do not sign blank or incomplete forms.**

Code _____

4. COMPLETE IF DECEASED WAS MARRIED

Number of spouses: _____

Please complete the section(s) below as is applicable:

Spouse 1

Name: _____

ID No: _____

Type of Marriage: Legal Customary

Contact Tel No: _____

Address: _____

Spouse 2

Name: _____

ID No: _____

Type of Marriage: Legal Customary

Contact Tel No: _____

Address: _____

Spouse 3

Name: _____

ID No: _____

Type of Marriage: Legal Customary

Contact Tel No: _____

Address: _____

Spouse 4

Name: _____

ID No: _____

Type of Marriage: Legal Customary

Contact Tel No: _____

Address: _____

A) Were the deceased and the spouse(s) living together at the date of death?

Spouse 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spouse 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spouse 3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spouse 4	<input type="checkbox"/> Yes	<input type="checkbox"/> No

B) If no, to what extent was the deceased supporting the spouse(s)?

Spouse 1: _____

Spouse 2: _____

Spouse 3: _____

Spouse 4: _____

C) Does the spouse stay with his/her parents?

Spouse 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spouse 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spouse 3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spouse 4	<input type="checkbox"/> Yes	<input type="checkbox"/> No

D) If living on his/her own, is the accommodation owned or rented?

Spouse 1	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented	Spouse 2	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented
Spouse 3	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented	Spouse 4	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented

E) Is the spouse employed? If so, what is his/her monthly income?

Spouse 1: _____

Spouse 2: _____

Spouse 3: _____

Spouse 4: _____

F) Is the spouse able to manage financial affairs?

Spouse 1: _____

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Spouse 2: _____

Spouse 3: _____

Spouse 4: _____

G) If not, why?

Spouse 1: _____

Spouse 2: _____

Spouse 3: _____

Spouse 4: _____

5. COMPLETE IF DECEASED WAS DIVORCED OR SEPARATED

A) Was the deceased supporting an ex-spouse, either voluntarily or in terms of a maintenance order or agreement? (Check against full order of Divorce and agreement if applicable)

Yes

No

B) If yes, give the following details of the ex-spouse:

Full Name: _____ ID No: _____

Date of Birth: _____ Monthly Maintenance Payment: R _____

C) Is the ex-spouse still alive?

Yes

No

D) If yes, has the ex-spouse remarried?

Yes

No

E) If the ex-spouse has not remarried, give details of his/her monthly income:

6. COMPLETE IF DECEASED HAD A COMMON LAW SPOUSE

A) Was the deceased living with anyone as a husband or wife?

Yes

No

B) If yes, give the following details of the partner:

Full Name: _____ ID No: _____

Date of Birth: _____

C) Did the deceased support this person financially?

Yes

No

If yes, to what extent?

D) Does he/she have a regular job? Yes No

If yes, what is his/her monthly income? R _____

7. DEPENDANTS

To qualify as a "legal" dependant, the following three requirements must be satisfied:

1. The person claiming support must be unable to support him/herself financially;
2. The person supporting the dependant must be financially able to support that dependant;

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3. The relationship between the dependant and the supporter must create a legal duty of support and this includes the following relationships:

- i) Husband and Wife
- ii) Parent and Child
- iii) Grandchild and Grandparent
- iv) Brothers and Sisters
- v) Half Brothers and Sisters
- vi) Children of a Guardian
- vii) Children of Common Law Relationship

Potential dependants will be required to prove their dependency

A) Details of dependant children, both minor and major

Name	Age	ID Number	Name of Mother	School/University Currently Attending	Extent of Dependency on the Deceased

B) Are the children in the custody of a spouse or common law partner? (If so please indicate whether with spouse or common law partner)

Spouse 1 Yes No Spouse 2 Yes No Common Law Partner Yes No
 Spouse 3 Yes No Spouse 4 Yes No Other Yes No

C) If the above answer is "other", please provide more details concerning this caregiver.

D) Does the spouse/guardian/common law partner or caregiver require income to care for the child/ren? Yes No

E) If yes, how much per month? R_____

F) Other financial dependants: (Parents, Brothers, Sisters...)

Name	ID Number	Relationship to the Deceased	Percentage Stipulated

po box 8417
 roggebaai
 8012
 tel: 0860 00 44 01
 fax: 0860 00 44 02



G) Documentation required by dependants to provide proof of dependency

1. Marriage Certificate
2. ID documents (ie Book of Life, Birth Certificate, Passport)
3. Affidavits or Court Orders

Note:
 These documents must be certified copies and must be attached to this form.

8. NOMINATIONS (AS PER DECEASED'S BENEFICIARY NOMINATION FORM ON RECORD)

A) Nominees are all non-dependant beneficiaries nominated by the deceased member.

Name	ID Number	Relationship to the Deceased	Percentage Stipulated

B) Does the beneficiary nomination form conflict in any way with the information obtained in the investigation (eg. Certain dependants are not on the form or there has been a change in marital status...)? Yes No

C) If yes please specify: _____

9. EMPLOYER'S RECOMMENDATION*

I, the undersigned authorised signatory, confirm that a full investigation has been carried out to determine the member's dependants. The information contained herein (and in the attached documents where necessary) is to the best of my knowledge correct and I am not aware of any other dependants.

* _____ *

**OFFICIAL
 MUNICIPALITY / SAPS
 STAMP**

DATE