APPLICATION FOR DEATH BENEFITS

DECEASED MEMBER

BOKAMOSO
RETIREMENT FUND

Akani House
No. 7 Disa Road, Ext. 8
Private Bag X36
KEMPTON PARK
1620
Tel: (011) 578 5333
Fax : (011) 578 5300
(011) 578 5322
E-mail: pension@akafin.co.za

1. PARTICULARS OF DECEASED

First names and surname: _____

Identity number: _____

Name of Employer: _____

Date of birth: _____ Date of death: _____

Number of dependents: _____

2. PARTICULARS REGARDING ALL DEPENDANTS, REGARDLESS OF AGE AND STATUS:

	Name	Date of birth	Relationship to Deceased	State whether dependants are attending school/ a tertiary institution/ are working
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

WAS THE DECEASED MARRIED MORE THAN ONCE? **YES** ☐ **NO** ☐

If yes, state full particulars of spouse and children from previous marriage/s and addresses and telephone number of persons where they can be contacted and/or in whose care they are:

_____

_____

_____

_____

_____

_____

3. PARTICULARS OF APPLICANT

First names and surname: _____

Identity number: _____

Date of birth: _____

Relationship with deceased: Spouse ☐ Date of marriage/divorce: _____

Child ☐ Parent ☐ Brother ☐ Sister ☐

If other specify e.g. (Ex wife/Uncle): _____

HOME ADDRESS: _____

_____

Name of village/township/suburb: _____

POSTAL ADDRESS: _____

_____

Contact number/s: _____ Cell: _____

Home language: _____

BANKING DETAILS:

Name of Bank: _____

Branch code: _____

Account number: _____

Type of account: _____

STAMP
OF
BANK/BUILDING SOCIETY

*** (A POST OFFICE SAVINGS ACCOUNT IS NOT ACCEPTABLE)**

4. Name and address of next of kin or acquaintance: _____

_____

_____

5. I undertake to inform the Fund about any changes that may occur _____

6. I undertake to advise the Fund immediately should any of the above-mentioned children leave school/ a tertiary institution, or for any other reason cease to be dependent on me for support. I am aware of the fact that should I fail to comply with this undertaking, any overpayment of benefits that may occur, together with interest thereon, shall be recovered from me. _____

7. DECLARATION OF DEPENDENCY BY APPLICANT

(Only to be completed where applicant was dependant on the deceased)

I, (full name) _____

Identity number: _____ do solemnly declare as follows:

a) I am unemployed/employed/a pensioner and my monthly income is R_____

b) I was dependent on the deceased and he/she used to support me at the rate of R _____ per month.

c) I also receive the sum of R _____ per month from my children/relatives/other sources.

8. LOBOLA DECLARATION

(Only completed by spouse e.g. Husband/Wife who was married to the deceased in customary union)

I, (full name) _____

Identity number: _____ do solemnly declare as follows:

a) My late boyfriend/husband/I paid _____ for Lobola.

b) From the relationship/marriage _____ children were born.

c) My marriage to the deceased was not dissolved before _____ (date of death) by divorce or otherwise.

d) I was the only/first/second wife/husband of the deceased and we were never separated from each other.

THE AFOREMENTIONED PARTICULARS ARE CORRECT IN EVERY RESPECT

* **SIGNATURE OR RIGHT-HAND THUMB-PRINT OF APPLICANT**:

Signed and sworn to before me at _____ on this _____ day of _____ 20_____ by the above who acknowledges and declares that the contents hereof are to the best of his/her knowledge correct, that he/she has no objection in taking the oath and that he/she considers the oath to be binding on his/her conscience.

* **To be signed in the presence of a Clergyman, Justice of the Peace or Commissioner of Oaths. (PLEASE COMPLETE IN FULL)**

Signature: _____

Force number: _____

Full name and surname: _____

Position held: _____

Street Address: _____

Area: _____

OFFICIAL STAMP

9. DECLARATION BY WITNESS

(PLEASE NOTE that the witness must be a member of the deceased's family).

I, (full name): _____

Identity number: _____ resident at:_____

_____

declare herewith under oath that, to the best of my knowledge, the applicant

_____

a) is a spouse/child/guardian/parent/brother/sister/ other dependant of the deceased; and

b) was dependent on the deceased.

My relationship with the deceased: _____

* **SIGNATURE OR RIGHT-HAND THUMB-PRINT OF APPLICANT**:

Signed and sworn to before me at _____ on this _____ day of _____ 20_____ by the above who acknowledges and declares that the contents hereof are to the best of his/her knowledge correct, that he/she has no objection in taking the oath and that he/she considers the oath to be binding on his/her conscience.

* **To be signed in the presence of a Clergyman, Justice of the Peace or Commissioner of Oaths. (PLEASE COMPLETE IN FULL)**

Signature: _____

Force number: _____

Full name and surname: _____

Position held: _____

Street Address: _____

Area: _____

OFFICIAL STAMP

For a speedy payment of benefits, duly certified copies (containing the full names and street address of the commissioner of oaths) of the under-mentioned documents must accompany your application form:

1) Deceased's identity document

2) Death certificate.

3) Applicant's identity document.

4) Bank statement from applicant (Confirmation of banking details)

5) Proof of marriage:

- legal marriage certificate, or
- lobola affidavits from applicant and witness, or
- If the above is not available a letter from Tribal Chief confirming the marriage.

6) Children's birth/baptismal certificates, or copy of identity document.

7) Bank statements from adult children.

8) Witness's identity document. (Witness must be a member of the deceased's family).

9) Witness affidavit confirming deceased's marital status and number of children.

10) Every applicant to complete his/her own application form.

11) This application form consists of 4 pages. Please ensure that all 4 pages are ***fully*** completed.