

### **DEATH BENEFIT CLAIM FORM 3**

### **ABOUT ANY CHILDREN**

### Please attached certified copies of the following:

Name and Surname of the Deceased (as per

- A copy of the child's ID and Birth Certificate
- If applicable: Proof of schooling / student status
- If applicable: Proof of any income or financial support of child
- If applicable: Proof of any disability likely to affect the child' ability

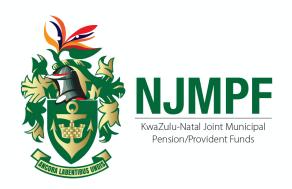
## For reference purpose:

the ID Book):					
ID Number of Passport Number of the Deceased:					
A : DETAILS ABOUT THE CHILD					
Title:					
Full Name and Surname:					
ID Number:					
Date of Birth:					
Telephone Number:					
Email Address:					
Postal Address:					
Residential Address:					

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Who is currently	looking	after the	child	?					
Guardian's Nar	ne and S	Surname							
Guardian's ID Number:									
Relationship to the child:									
Please tick the a	ppropria	te box (e	x) ab	out the child	d				
Employed		ner (at ool)	Pr	e-School	Unemployed	Unive College			Nith a sability
If disabled: Plea	ase prov	ide proof	of di	sability (e.g	. a letter from a d	octor or	Y	ΈS	NO
Do you think the child will be able to work (due to disability)?									
Is the disabled	child rec	eiving a	socia	l grant?					
If the Child is em	ployed?								
What is the Chi									
What is the high	nest grad	de passe	d?						
Details about the child's education and qualifications									
What is the chil total monthly in					What are the ch total monthly expenses?	ild's			



### **B: RELATIONSHIP TO THE DECEASED**

Biological child of the Deceased	YES / NO	Adopted (Please provide proof of adoption)	YES / NO
Foster child	YES / NO	Stepchild	YES / NO
Outside of marriage	YES / NO	Other (please describe)	YES / NO
Child with disability	YES / NO		

If the Deceased was not the biological or adoptive parent (e.g. a foster child, stepchild, nephew or niece etc.): Are the biological parents alive? Can the biological parents support the child? (Please provide details) **C: FINANCIAL SUPPORT FROM THE DECEASED** What Financial Support did the Deceased provide to the child? (Please tick all the options that applied). Food and Other Housing Cash Education Clothing If money: How much per month? Since when was the child financially supported by the Date:  $\mathsf{D}$ M M deceased member? On what date was the last support received from the Date: D  $\square$ M M deceased member? Until when do you think the child will need the support? Date: D D M M

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# D: SWORN STATEMENT BY THE PERSON WHO FILLED THIS FORM

I,				(Full name and surna	me)
declare under oath that the and correct. I indemnify N provided in this form.					
Signature		Identi	ty Number		
Telephone Number		Email	Address		
Address					
Signed at (place)		Date			
			MISSIONER OF (		
The person mentioned at understand the contents of that the oath is binding or	of this affidavit. T	hey have confi			
Commissioner of Oaths: Full Name and Surname					
Telephone			Designation		
Signature of Commissio of Oaths	ner		Official Stamp		

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