



LAST EXPENSES CLAIM FORM

Full Name of Deceased

Company Name

Occupation at time of Death

Date of Death

Place of Death

Cause of Death

Next of Kin

Documents required

1. Copy of Death Certificate/Burial Permit
2. Copy National Identity Card

The undersigned hereby undertakes to present Death Certificate if not ready at the time of this claim within one month from the date of this form.

I hereby undertake that aforementioned information and attached statements are true and complete to the best of my knowledge and hence authorize you to settle the claim in the name indicated above as next of kin.

DATED

FULL NAME OF EMPLOYER:
(Rubber Stamp)

SIGNATURE:

NAME:

POSITION: