DPF
DEBSWANA · PENSION · FUND

EMPLOYERS

Death Benefits claim Questionnaire

Employer Name:

Full names and surname of deceased:

Employee/Security number of the Deceased:

Period of Employment from D D M M Y Y Y Y To D D M M Y Y Y Y

Identity number of deceased

Statement of employer's discretionary Insurance benefits

The Employer's providing the discretionary insurance benefits for the demised must completed, stamp and sign this document. Further attached the following documents;

- Deceased's nomination forms for the insurance policies
- Insurance certificates
- Any other relevant information

Please complete all information regarding the employer of the deceased;

Deceased's Insurance policy number(s):

Type of discretionary benefit issued:

Contact number:

Names of insurance brokers/executor of deceased's estate:

Total value of deceased's discretionary benefits: P

If the above benefits have already been paid out, please indicatebelow the list of beneficiaries and the values distributed

Name of beneficiary	Relationship to deceased	Benefit allocation
Total value of deceased's discretionary benefits:		P

Declaration (to be signed by authorized company representative)

I declare that the information that I have provided is true and correct Yes ☐ No ☐

Full names and surname

Identity number Designation

Date signed D D M M Y Y Y Y Place signed

Signature _____

OFFICIAL STAMP

Fax/e-mail to Debswana Pension Fund, Private Bag 00512. Gaborone
And for any enquiries please contact the following numbers; Tel: 3614267, 3614236, 3614354, Toll Free: 0800 600 681