27689

PENSIONER DEATH CLAIM FORM

DPF
DEBSWANA · PENSION · FUND
Your Fund, Your Security, Your Future

DECEASED MEMBER DETAIL

Omang No.

TO BE COMPLETED BY EACH POSSIBLE CLAIMANT
CLAIMANT'S DETAILS

Title ☐ Mr ☐ Miss ☐ Mrs ☐ Ms ☐ Dr ☐ Capt ☐ Prof ☐ Adv

Surname

First Name

Omang No.

Relation to deceased (Attach Proof)

Spouse ☐ Guardian ☐

Child ☐ Nominee/Other ☐

Ex Spouse ☐

Other Specify

Date Of Birth (dd/mm/yyyy) / /

Date Of Marriage(dd/mm/yyyy) / / (If applicable)

Date Of Cohabitation (dd/mm/yyyy) / /

Date Of Divorce (dd/mm/yyyy) / / (If applicable)

Date Of Adoption (dd/mm/yyyy) / /

Contact No.

Email

Contact Address

Headman

Chief

Village Ward

Completed documents to be forwarded to:
Private Bag 00512, Gaborone

27689

DETAILS OF GUARDIAN/PARENT (If claimant is a minor)

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Capt ☐ Prof ☐ Adv

Surname

First Name

Omang No.

Date Of Birth (dd/mm/yyyy) / /

Contact No.

Contact Address

Headman

Chief

Village Ward

DEATH BENEFITS DUE TO MINOR CHILDREN SHALL BE PAID TO THE GUARDIAN FUND

CLAIMANT BANKING DETAILS

Payment Option ☐ Cheque ☐ EFT

Name of the Account Holder

Bank Name

Branch Code

Account Number

Account Type

☐ Cheque ☐ Savings ☐ Transmission

DECLARATION BY CLAIMANT

I hereby declare that all particulars furnished in this form and accompanying documentation are true and correct.

Surname

First Name

Omang No.

☐ Signed on behalf of underaged (18 years) child

Claimant's Signature

/ /

Date(dd/mm/yyyy)

IMPORTANT

Guardian must attach proof of guardianship for children under 18 years of age.

Print Reset