

For Office Use

Date Received:

Membership Verified:

Date Submitted:

Reference Number:

Signed:



SACU
Unit 522, Level 2
Riverside Lofts
Tyger Falls
Bellville
7535

The National Executive Finance
SACU

APPLICATION FOR DEATH/FUNERAL BENEFIT

I would like to apply for the Death/Funeral benefit of SACU:

(Member’s details to be filled in below)

MEMBERSHIP NO: (Salary Reference Number)

SURNAME: FULL NAME:

ID NUMBER:

WORK TEL: (CODE) - Cell number:

DATE OF DEATH:

DECEASED’s NAME:

DECEASED’s RELATION TO MEMBER:

(Please complete only the following as well if the deceased is the member, Name, surname and identity number)

FULL NAME: SURNAME:

ID NUMBER:

The following documents needs to be attached for finalisation of the claim:

- Certified Copy of Death Certificate
- Certified Copy of Beneficiary’s ID Document
- Certified Copy of Deceased ID Document
- Certified Copy of marriage Certificate, or;
- Affidavit confirming Partnership
- Banking Details of beneficiary
- DHA-1663A form to be completed, form to be collected @ Home Affairs or Hospital

Member/Beneficiary’s Bank Details:

Account Holders Name:..... Bank:

Account number Type of Account

Branch Code: Branch: