

Claim application form

FNB Funeral Plan

(For completion by member)



FNB
First National Bank

1. Policy details

DEATH <input checked="" type="checkbox"/>	
Scheme code 6 0 0 2 7 7 7	Policy number <input type="text"/>
Policy holder <input type="text"/>	issued by METROPOLITAN

2. Personal details

I the undersigned <input type="text"/>	Relation of deceased on policy <input type="checkbox"/> MEMBER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER-IN-LAW <input type="checkbox"/> MOTHER-IN-LAW EXTENDED W02 MEMBERS <input type="checkbox"/> 2nd spouse
<input type="text"/>	
ID number <input type="text"/>	
hereby apply to Metropolitan for benefits payable in terms of the above-mentioned policy.	
Relationship to the deceased <input type="text"/>	
<input type="text"/>	
PARTICULARS OF DECEASED	
Name <input type="text"/>	
ID number <input type="text"/>	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of death (dd/mm/yyyy) <input type="text"/>
Cause of death <input type="text"/>	
<input type="text"/>	
<input type="text"/>	

3. To be completed by FNB Swaziland and Beneficiary

To whom is benefit payable?	
Name <input type="text"/>	
Postal address <input type="text"/>	
<input type="text"/>	Postcode <input type="text"/>
Payment by cheque <input type="checkbox"/>	Payment directly into bank or building society account <input type="checkbox"/>
Name of bank/building society <input type="text"/>	
Branch office <input type="text"/>	Branch no. <input type="text"/> Bank only
Account number <input type="text"/>	Account type <input type="text"/> Transmission, cheque, etc.

Signatures: <input type="text"/>	Where the claim is i.r.o. the member's spouse, child or parent. <input type="text"/>
Claimant/beneficiary	Member or on behalf of employer/trustees
Date (dd/mm/yyyy) <input type="text"/>	Date (dd/mm/yyyy) <input type="text"/>

I hereby declare that the information furnished above is true and correct. I further indemnify Metropolitan Life Swaziland Ltd against any action and/or liability that may arise as a result of any error or incorrect information supplied herein.

4. Statement of claim

I agree that the payment is in full and final settlement of the claim and will have no further claim or legal recourse against Metropolitan Life Swaziland Limited of whatsoever nature.

The payment extinguishes all of Metropolitan's liability in terms of the policy or the claim, whichever should apply.

Payable to legal claimant(s)

Name of claimant

ID number

I further declare that:

a) My estate/the estate of the deceased is solvent and has not been sequestrated.

b) Payment by Metropolitan Life Swaziland Limited of the proceeds of the claim will discharge Metropolitan Life Swaziland Limited from any further liability in respect of the benefits claimed.

Signed at on date (dd/mm/yyyy)

Signature of claimant Signature of bank clerk

Address of claimant

Tel. (H) Cell

Tel. (B) Email

5. Office use

CLAIM ADMITTED/DECLINED	CLAIM NO.
Checked by <input type="text"/>	<input type="text"/>
Approved by <input type="text"/>	Date (dd/mm/yyyy) <input type="text"/>
	Cheque amount E <input type="text"/>

