



Prosperatas Centre, c/o Goudvis & Conrad Road, Florida North, 1724, PO Box 2363, Florida Hills, 1716  
 Tel: 011 472-3028 , Fax: 011 672 - 5803, Email: [claims@tshepong.co.za](mailto:claims@tshepong.co.za), Website: [www.tshepong.co.za](http://www.tshepong.co.za)  
 Reg No: 2007/000667/23 cc

Authorised Financial Service Provider

**DOCUMENTS REQUIRED FOR A DEATH CLAIM**

<u>MEMBER</u>	<u>SPOUSE</u>	<u>CHILD/STILLBORN/MISCARRIAGE</u>
<ul style="list-style-type: none"> <li>• DEATH CLAIM FORM</li> <li>• CERTIFIED ID OF MEMBER</li> <li>• CERTIFIED SPOUSE ID</li> <li>• CERTIFIED ID OF CLAIMANT</li> <li>• CERTIFIED MARRIAGE CERTIFICATE</li> <li>• IF DECEASED WERE MARRIED TRADITIONALLY WE REQUIRE <b>TWO ADDITIONAL</b> AFFIDAVITS FROM <b>BOTH</b> FAMILIES STATING THEY WERE MARRIED TRADITIONALLY</li> <li>• CERTIFIED DEATH CERTIFICATE</li> <li>• AFFIDAVIT FROM THE BENEFICIARY STATING THE RELATIONSHIP TO THE DECEASED</li> <li>• IF MEMBER IS NOT BORN IN SA WE REQUIRE A CERTIFIED PASSPORT</li> <li>• (NOTIFICATION/REGISTER OF DEATH/STILLBIRTH) <b>BI 1663</b> FROM HOSPITAL OR UNDERTAKER</li> <li>• PAYSリップ</li> <li>• <b>STAFF LIST WITH EMPLOYEE NAME AND ID REFLECTING</b></li> <li>• BENEFICIARY BANK STATEMENT REFLECTING <b>ACCOUNT NUMBER</b></li> </ul>	<ul style="list-style-type: none"> <li>• DEATH CLAIM FORM</li> <li>• CERTIFIED ID OF MEMBER</li> <li>• CERTIFIED ID OF DECEASED</li> <li>• CERTIFIED MARRIAGE CERTIFICATE</li> <li>• IF DECEASED WERE MARRIED TRADITIONALLY WE REQUIRE <b>TWO ADDITIONAL</b> AFFIDAVITS FROM <b>BOTH</b> THE FAMILIES STATING THEY WERE MARRIED TRADITIONALLY</li> <li>• CERTIFIED DEATH CERTIFICATE</li> <li>• AFFIDAVIT FROM THE MEMBER STATING THE RELATIONSHIP TO THE DECEASED</li> <li>• IF MEMBER/ DECEASED IS NOT BORN IN SA WE REQUIRE A CERTIFIED PASSPORT</li> <li>• (NOTIFICATION/REGISTER OF DEATH/STILLBIRTH) <b>BI 1663</b> FROM HOSPITAL OR UNDERTAKER</li> <li>• PAYSリップ OF MEMBER</li> <li>• STAFF LIST WITH EMPLOYEE NAME REFLECTING</li> <li>• BENEFICIARY BANK STATEMENT REFLECTING <b>ACCOUNT NUMBER</b></li> </ul>	<ul style="list-style-type: none"> <li>• CERTIFIED COPY OF <b>BI 20</b> (ABRIDGE DEATH CERTIFICATE) OF CERTIFIED</li> <li>• DEATH CERTIFICATE</li> <li>• CERTIFIED COPY OF BIRTH CERTIFICATE</li> <li>• CERTIFIED ID COPIES OF <b>BOTH</b> THE PARENTS</li> <li>• AFFIDAVIT FROM BOTH THE PARENTS STATING THAT THEY WERE THE BIOLOGICAL PARENTS OF THE DECEASED</li> <li>• (NOTIFICATION/REGISTER OF DEATH/STILLBIRTH) <b>BI 1663</b> FROM HOSPITAL OR UNDERTAKER</li> <li>• 3<sup>RD</sup> PARTY AFFIDAVIT OF A PERSON NOT LIVING WITH THEM.</li> <li>• PAYSリップ</li> <li>• STAFF LIST WITH EMPLOYEE'S NAME REFLECTING</li> <li>• BENEFICIARY BANK STATEMENT REFLECTING <b>ACCOUNT NUMBER</b></li> <li>• LETTER FROM DOCTOR STATING HOW FAR THE PERSON WAS PREGNANT</li> </ul>

**PLEASE NOTE THAT ALL DEATH CLAIM FORMS MUST BE SIGNED BY BOTH MEMBER AND RESTAURANT OWNER. IF THE MEMBER IS THE DECEASED THEN BOTH BENEFICIARY AND RESTAURANT OWNER MUST SIGN.**

**SHOULD THE BENEFICIARY REQUEST THAT THE MONEY BE PAID INTO ANOTHER NOMINATED BANKING ACCOUNT, THE BENEFICIARY MUST SUBMIT A AFFIDAVIT AUTHORISING METROPOLITAN TO PAY THE MONEY INTO THE NOMINATED BANK ACCOUNT.**

❖ **ADDITIONAL DOCUMENTS MAY BE REQUIRED BY METROPOLITAN FROM TIME TO TIME**