

**The Administrator  
RFS Fund Administrators (Pty) Ltd.  
WINDHOEK**

On behalf of the Trustees of the \_\_\_\_\_,

I herewith apply for the amount of N\$ \_\_\_\_\_ in respect of funeral costs for the following employee who passed away on \_\_\_\_\_.

Complete where applicable using block letters or tick [✓]

**A - MEMBER DETAILS**

Employee number		Cost Centre	
Title & Surname		Employee Ref. No	
First Name & Initials		Date of Birth	
Identity number			

**B – RELATIVE TO WHOM PAYMENT MUST BE MADE (ADULT DEPENDANT/NOMINEE OF DECEASED):**

Full Name	
ID Number	

Please attach a duly signed and stamped Verification of Bank details form.

Attached herewith certified copies of the following supporting documents:

- Death Certificate;
- Latest completed Beneficiary Nomination form;
- Identity document of dependant/beneficiary to whom the funeral benefit is payable.

\_\_\_\_\_  
AUTHORISED EMPLOYER SIGNATURE

\_\_\_\_\_  
DATE

APPROVED / NOT APPROVED

COMPANY STAMP

\_\_\_\_\_  
PRINCIPAL OFFICER

\_\_\_\_\_  
DATE