Namibia National Teachers' Union (NANTU)

NANTU DEATH CLAIM FORM

NANTU Head Office P.O. Box 61009, Katutura, Windhoek, NAMIBIA Tel: +(264) (61) 262247 / 215434 Fax: +(264) (61) 261926 Mungunda Street, 8506, Katutura



FOR OFFICE USE ONLY

| The deceased was | A NANTU member | |
|-------------------------|----------------|--|
| [Mark with a cross (x)] | Only a spouse | |

Part. 1 NANTU Details:

| 1.1 | NIANITH D | Erongo | Hardap | Kavango East | Kavango West | Karas |
|-----|---|---------------|----------|--------------|--------------|---------|
| | NANTU Region. [Indicate with a cross (x)] | Kunene | Khomas | Ohangwena | Omaheke | Omusati |
| | [macate wan a cross (x)] | Oshana | Oshikoto | Otjozondjupa | Zambezi | |
| 1.2 | NANTU Branch. [Same a | s the Educati | | | | |

Part. 2 Member's Details

NOTE: This part should be filled in when the paid-up member is still alive.

| 2.1 | Surname. | | | | | | | | | | |
|------|--------------------------------------|---------|----|-----|------|----|--------|---------|-------|---------|--|
| 2.2 | Full Name(s). | | | | | | | | | | |
| 2.3 | Title. $[Indicate with a cross (x)]$ | | Mr | Mrs | Miss | Dr | Proff. | Other : | | | |
| 2.4 | Marital Status [Indicate with a cr | oss (x) |] | Sir | igle | М | arried | Divo | orced | Widowed | |
| 2.5 | Date of Birth. | | | | | | | | | | |
| 2.6 | ID Number. | | | | | | | | | | |
| 2.7 | Cell phone Number. | | | | | | | | | | |
| 2.8 | Postal Address. [Private] | | | | | | | | | | |
| 2.9 | Name of School/Institution. | | | | | | | | | | |
| 2.10 | Employee Code. | | | | | | | | | | |
| 2.11 | Signature. | | | | | | | | Date. | | |

Part. 3 Deceased Details

NOTE: (a) If the deceased was a NANTU member, fill in all sections under Part 3.

(b) If the deceased was not a NANTU member, do not fill in sections 3.11 – 3.14 under Part 3.

| 3.1 | Is the deceased a | NANTU mem | ber? | Yes | | No | | | | | |
|------|--------------------|------------------|---------|-----|--------|----|--------|-------|----------|---------|--|
| 3.2 | Surname. | | | | | | | | | | |
| 3.3 | Full Name(s). | | | | | | | | | | |
| 3.4 | Title. [Indicate w | ith a cross (x)] | Mr | Mrs | Miss | Dr | Proff. | Other | : | | |
| 3.5 | Marital Status . | [Indicate with a | cross (| x)] | Single | е | Mar | ried | Divorced | Widowed | |
| 3.6 | Date of Birth. | | | | | | | | | | |
| 3.7 | Date of Death. | | | | | | | | | | |
| 3.8 | ID Number. | | | | | | | | | | |
| 3.9 | Deceased relation | ship to membe | r. | | | | | | | | |
| 3.10 | Postal Address. | [Private] | | | | | | | | | |
| 3.11 | Employee Code. | | | | | | | | | | |
| 3.12 | Date of Last Cont | ribution. | | | | | | | | | |
| 3.13 | Last Working Da | у | | | | | | | | | |
| 3.14 | Name of School/I | nstitution. | | | | | | | | | |

Part. 4 Banking Details of Funeral Service Provider (FSP)

| 4.1 | Account Name. | | | | | | |
|-----|--|---------------|---------|---------------------|---------|---------------|---------|
| 4.2 | Bank Name. [Indicate with a cross (x)] | Bank Windhoek | | First National Bank | NedBank | Standard Bank | NamPost |
| 4.3 | Branch Name. | | | | | Branch Code | |
| 4.4 | Account Number. | | | | | | |
| 4.5 | Account Type. | Cheque | Savings | Other: : | | | |
| 4.6 | Postal Address. | | | | | | |
| 4.7 | Telephone No. | | | | | | |
| 4.8 | Signature of Beneficiary. (Financial Service Provider) | | | | Date. | | |

| Part. | Danking Details of Dene | <u>riclary</u> | | | | | | | |
|-------|--|----------------|---------|-----------|------------|-------------|------|----------------|---------|
| 5.1 | Surname. | | | | | | | | |
| 5.2 | Full Names. | | | | | | | | |
| 5.3 | Relationship to deceased member. | | | | | | | | |
| 5.4 | Account Name. | | | | | | | | |
| 5.5 | Bank Name. [Indicate with a cross (x)] | Bank Wi | ndhoek | First Nat | ional Bank | NedBank | | Standard Bank | NamPost |
| 5.6 | Branch Name. | | | | | | E | Branch Code | |
| 4.7 | Account Number. | | | | | | | | |
| 5.8 | Account Type. | Cheque | Savings | С | ther: : | | 1 | | |
| 5.9 | Postal Address. | | | | | | | | |
| 5.10 | Cell phone and Telephone No. | | | | | | | | |
| 5.11 | Signature of Beneficiary. | | | | | Da | ite. | | |
| Part. | 6 Next of kin to the decease | sed, oth | er than | the be | neficiary | / (if the m | eml | ber is the dec | ceased) |
| 6.1 | Full Names and Surname. | | | | | | | | |
| 6.2 | Title. [Indicate with a cross (x)] | Mr N | Mrs Mis | s Dr | Proff. O | ther : | | | |
| 6.3 | Marital Status [Indicate with a cross (x)] | Sing | gle | Married | Divorc | ed Wide | owed | | |
| 6.4 | Date of Birth. | | | | | | | | |
| 6.5 | ID Number. | | | | | | | | |
| 6.6 | Residential Address. | | | | | | | | |
| 6.7 | Telephone No work | | | | | | | | |
| 6.8 | Telephone No home | | | | | | | | |
| 6.9 | Fax No. | | | | | | | | |
| 6.10 | Signed at (place) | | | | | | | | |
| 6.11 | Claimant's Signature | | | | | Date | | | |
| | I | | | | | | | | |
| | | | | | | | | | |
| | Approved by the Secretary General: N | ANTU | _ | | | Date | | | _ |
| | • | | | | | | | | |

Procedures:

- (a) The beneficiary should collect the form from the NANTU Regional Office / Regional Chairperson / Head Office.
- (b) Completed forms from the Regions should be forwarded to NANTU Head Office via the NANTU Regional Office on the same day using courier services.
- (c) All payments will be deposited in the beneficiary's account, except in isolated cases.
- (d) Benefit claims will be paid from Head Office only.
- (e) All claims will be processed and paid within 24 hours should all necessary documents be attached.

<u>Documents that must be attached</u>: (Compulsory)

- (a) **Original** Certified copy of Certificate of Death Certificate.
- (b) **Original** Certified copy of deceased Identity Document (ID).
- (c) **Original** Certified copy of beneficiary's Identity Document (ID).
- (d) **Original** Certified copy of <u>latest payslip</u> of the deceased.
- (e) **Original** Certified copy of bank statement not older than three months.
- (f) In case the deceased was married, <u>PLEASE</u>, attach **Original** Certified copy of the marriage Certificate.
- (g) In case the deceased was single, kindly attach the Original Certified copy of the Full Length Birth Certificate
- (h) In a case a brother or sister or any other relative is the beneficiary / claimant, an **Original** Certified copy of a letter of Authority or Executors Letter from the Magistrate Court is required.

NB: Kindly Take Note That Claims Can Only Be Processed Within The Period Of One Year.