

YAMBU LEGAL DEATH CLAIM FORM

1.	MAIN MEMBER Name (YAMBU Legal Policy Holder):				
2.	Policy Number:				
3a.	If you, the claimant are not the MAIN MEMBER , what is your Full Name and Surname?				
3b.	If you, the claimant are not the MAIN MEMBER , what is the relationship of the claimant to the main member?				
4a.	If you, the claimant are the SPOUSE , confirm that the marriage certificate/affidavit of common law union is attached?	Yes	Sign:		
4b.	If you, the claimant are a CHILD/OTHER RELATIONSHIP , confirm that the proof of relationship is attached ? i.e. signed stamped affidavit.	Yes	Sign:		
4c.	Are you, the claimant the person authorized by the MAIN MEMBER /Family to claim the death benefit? Are you the beneficiary of the policy? Please explain ?	Yes		No	
5a.	Has there ever been a previous claim submitted to YAMBU Legal?	Yes		No	
5b.	Is there another <u>current</u> claim submitted to YAMBU Legal?	Yes		No	
6a.	Is there an Executor of the Estate?	Yes		No	
6b.	If Yes, Please specify details of the Executor of the Estate:	Name of Executor:			
		Executor Phone No.:			

CERTIFIED COPY OF I.D. OF DECEASED:	
CERTIFIED COPY OF DEATH CERTIFICATE OF DECEASED:	
CERTIFIED S.A. HOME AFFAIRS – NOTICE OF DEATH:	
CERTIFIED COPY OF MARRIAGE CERTIFICATE:	
CERTIFIED BIRTH CERTIFICATE/PROOF OF RELATIONSHIP:	
CERTIFIED COPY OF I.D. OF CLAIMANT:	
BANK STATEMENT/CLAIMANT'S CERTIFICATE OF ACCOUNT:	
LETTER OF APPOINTMENT OF THE EXECUTOR OF THE ESTATE:	

FOR OFFICE USE ONLY:	
Date the spouse was added to the policy?	
Does the spouse qualify for the death benefit?	
Have all documents been appropriately Certified/Stamped?	
Have all the required documents been received?	

CLAIMANT'S FULL NAME & SURNAME:		CLAIMANT'S SIGNATURE:		DATE:	
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WE ARE SO SORRY FOR YOUR LOSS.

KINDLY NOTE:

NO CLAIM WILL BE ACCEPTED WITHOUT THE REQUIRED CERTIFIED DOCUMENTATION.

Checked by (Full Name):		Checked by (sign):		Date:	
Authorised by (Full Name):		Authorised by (sign):		Date:	