



APPLICATION FOR BENEFITS DECEASED MEMBER

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1. PARTICULARS OF DECEASED

First names and Surname: _____

Identity Number: _____

Municipality: _____

Date of Birth: _____ Date of Death: _____

Number of dependants: _____

2. PARTICULARS REGARDING DEPENDANTS, REGARDLESS OF AGE AND STATUS

Name	Date of Birth	Relationship to Deceased	State whether dependents are attending school/a
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			

Was the deceased married more than once?	Yes	No	
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If yes, state full particulars of spouse and children from previous marriage/s and addresses and telephone number of persons where they can be contacted and/ or in whose care they are:

3. PARTICULARS OF APPLICANT

First names and surname: _____

Identity Number: _____

Date of Birth: _____ Nickname: _____

Relationship with deceased: Spouse Child Parent Brother Sister

Date of Marriage/Divorce: _____

If other specify e.g (Uncle): _____

Home Address: _____

Postal Address: _____

Contact number/s: _____ Cell _____

Home language: _____

(Name of Bank)
 (Branch Code)
 (Account Number)
 (Type of Account)

A POST OFFICE SAVINGS ACCOUNT IS NOT ACCEPTABLE

4. Name and Address of next of kin or acquaintance:

5. I undertake to inform the Fund about any changes that may occur.

6. I undertake to advise the Fund about any of the above-mentioned children leave school/ a tertiary institution, or for any other reason cease to be dependent on me for support. I am aware of the fact that should i fail to comply with this undertaking, any overpayment of benefits that may occur, together with interest thereon, shall be recovered from me.

DECLARATION OF DEPENDENCY BY APPLICANT

(Only to be completed where applicant was dependent on the deceased)

I, (full name): _____

Identity number: _____

do solemnly declare as follows:

I am unemployed/employed/ a pensioner and my monthly income is R _____

I was dependent on the deceased as he/ she use to support me at the rate of _____

per month.

I also receive the sum of _____ per month from my children/ relatives/ other sources.

LABOLA DECLARATION

I, (full name) _____

Identity number: _____

do solemnly declare as follows:

a. My late boyfriend/husband/I paid: _____ for lobola.

b. From the relationship/ marriage to the deceased was dissolved before _____ children were born

c. My marriage to the deceased was not dissolved before _____ (date of death) by divorce or otherwise

d. I was the **only / first / second wife** / husband of the deceased and we were never separated from each other.

THE AFOREMENTIONED PARTICULARS ARE CORRECT IN EVERY RESPECT.

SIGNATURE OR RIGHT-HAND-THUMB-PRINT OF APPLICANT:

Signed and sworn to before me at _____ on this _____ day of _____ 20 _____ by the above who acknowledges and declares that the contents hereof are to the best of his/her knowledge correct that he/she has no objection in taking the oath and that he/she considers the oath to be binding on his or her conscience.

*** To be signed in the presence of a Clergyman, Justice of the Peace or commissioner of Oaths. (PLEASE COMPLETE IN FULL)**

Signature:

Force Number:

Full name and surname:

OFFICIAL STAMP

Street Address:

Area:

DECLARATION BY WITNESS

PLEASE NOTE THE WITNESS MUST BE A MEMBER OF THE DECEASED FAMILY.

I, (full name) _____

Identity number: _____

resident at

declare herewith under oath that, to the best of my knowledge, the applicant

a. is a spouse/child/guardian/parent/brother/sister/other dependent of the deceased; and

b. was dependent on the deceased. My relationship with the deceased: _____

SIGNATURE OR RIGHT-HAND-THUMB-PRINT OF APPLICANT:

Signed and sworn to before me at _____ on this _____ day of _____ 20_____ by the above who acknowledges and declares that the contents hereof are to the best of his/her knowledge correct that he/she has no objection in taking the oath and that he/she considers the oath to be binding on his or her conscience.

*** To be signed in the presence of a Clergyman, Justice of the Peace or commissioner of Oaths. (PLEASE COMPLETE IN FULL)**

Signature:

Force Number:

Full name and surname:

OFFICIAL STAMP

Street Address:

Area:

For a speedy payment of benefits, duly certified copies (containing the full names and street address of the commissioner of oaths) of the under-mentioned documents must accompany your application form:

1. Applicant's identity document
2. Death certificate
3. Witness's identity document. (witness must be a member of the deceases
4. Proof of marriage:
 - a. legal marriage certificate
 - b. lobola affidavit, or
 - c. If the above is not available a letter from Tribal Chief confirming the marriage.
5. Children's birth certificates, or copy of identity document.
6. Every applicant to complete his/her own application form.
7. This application from consists of 4 pages. Please ensure that all 4 pages are full completed.