

Application for Death and Funeral Benefit Deceased Member



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Northcliff
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Contact us
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MEMBER TYPE

- MISA Member
 NUMSA Member (Voluntary Member)
 Non-Union (Voluntary Member)

APPLICATION MUST BE MADE WITHIN 26 WEEKS FROM DATE OF DEATH.

Claims may be **SCANNED, E-MAILED**, forwarded via **REGISTERED POST** or **HAND DELIVERED**.

Please take note that claims will only be processed upon receipt of all relevant documents in the required format.

Deceased Member's Details

Surname		Gender	Male	Female
Full Names				
ID Number		Date of death		

Employer Details

Company Name				
Tel Number		Fax Number		
E-mail				
Physical Address				
		Postal code		
Postal Address				
		Postal code		

Details of Claimant

Surname		Relation to deceased		
Full Names				
ID Number		Fax Number		
Cell Number		Alternate Number		
E-mail				
Physical Address				
		Postal code		
Postal Address				
		Postal code		

Banking Details

Bank Name		Account Number	
Branch code		Account Type	

Source Documentation to be submitted with Claim Form

(The following copies MUST be certified by a COMMISSIONER OF OATHS of which the original certified copies needs to be submitted)

1. Identification page of your ID Document
2. Death Certificate
3. Identification page of the deceased's ID Document
4. Marriage Certificate

(Copies of the following also needs to be Submitted)

5. Bank stamped proof of Banking Details

Name and Surname	Signature	Date
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FOR OFFICE USE

Date claim received		First Contribution date	
8 consecutive weeks' contributions received	YES	NO	Certified copy of 1. above
Claim received within 26 weeks after date of death	YES	NO	Certified copy of 2. above
Stamped proof of Bank Account	YES	NO	Certified copy of 3. above
Checks and balances carried out by:			Certified copy of 4. above
Name and Surname		Signature	
Claim	APPROVED	DECLINED	Approved amount for payment
			R10 000.00
Claim approved by:			
Name and Surname		Signature	
Reason if application is declined:			
Member notified of declined claim	Date :	By way of:	
Name and Surname		Signature	
		Date	