

# MEMORIAL CLAIM FORM



As you now prepare for the memorial service, we are still with you and we will do our best to make sure that the appropriate assistance and service is provided to expedite the process.

## 1. Please specify claim type

Policy Type	Policy Number
Individual	
Burial Society/Corporate name	

## 2. Tick the Documents Submitted

Death Certificate
Claimant's ID

## 3. Deceased Details

Full Name	
Date of Birth	
ID number	
Cause of Death	
Date of Burial	
Place of Burial	

## 4. Claimant Details

Full Name	
ID number	
Mobile Number	
Relationship	
Address	
Signature	
Date	
Beneficiary Name and EcoCash Number	