

**Customer Services**  
Tel: 0860 000 975, Fax: 0816 800 730  
E-mail: funeralplan@africanbank.co.za

**Claims**  
Tel: 0860 000 979, Fax: 0816 800 731  
E-mail: funeralplanclaims@africanbank.co.za

**African Bank**  
59, 16<sup>th</sup> Road  
Halfway House, Midrand  
Private Bag X170  
Halfway House, 1685

## African Bank Funeral Plan: Customer Claim Form

### SECTION A:

Policy number (required)

#### Main member

Surname:  First names:

ID Number:  E-mail:

Cell number:  Work number:  Home number:

#### Beneficiary (if not the Main member)

Surname:  First names:

ID Number:  E-mail:

Cell number:  Work number:  Home number:

### SECTION B:

#### Policy member being claimed for

Surname	First names	ID No / Date of birth	Relationship
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### SECTION C:

#### Payment Options (Please select which option you want for claim payment)

- Option A:** EFT (Electronic Funds Transfer)  
 **Option B:** African Bank Credit Card Facility  
 **Option C:** Doves

#### Option A: EFT (Electronic Funds Transfer)

Name of Bank:  Branch Name:

Account Number:  Branch Code:  Cheque Account:   
Savings Account:

#### Option B: African Bank Credit Card Facility

Card Account Number:

#### Option C: Doves

Please note that if you select this option, the full lump sum amount will be paid directly to Doves, where you will receive a 15% benefit. Please ensure you receive your voucher which must be presented at your nearest Doves branch.

#### Please Note: The following documents are required to claim

- This completed **Claim form**  
 Certified copy of **Deceased/s ID** (Identification document)  
 Certified copy of **Main Member's ID** (Identification document)  
 Beneficiary's **Bank or Card Statement**  
 Certified copy of **Beneficiary's ID** (if not the main member)  
 Certified copy of **Death Certificate/s**  
 **DHA1663** form (Issued by the Department of Home Affairs)

\_\_\_\_\_  
Main Member or Beneficiary signature

\_\_\_\_\_  
Date

It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company. Penalties may include imprisonment, fines and denial of the insurance benefit.

African Bank is a registered credit and financial services provider.