

NATIONAL INSURANCE SCHEME CLAIM FOR FUNERAL GRANT

For official use only				
Accepted by:				
Date:				
Claim No.:				

SECTION 1 - TO BE COMPLETED BY THE CLAIMANT

DECEASED INFORMATION – (Please submit original bills from the funeral agency together with the death certificate. The benefit is payable to the person who has met or who is liable to meet the cost of the funeral of the deceased person)

Surname	NIS No.
First Name	Date of Death Y Y Y M M D D
Other Name(s)	Gender Male Female
Maiden Name	Occupation
Aliases	
Marital Status Married Divorced Single	
Address	

Section II - Work History – Provident Fund

Was the deceased a member of the Agricultural Workers Provident Fund (1970 – 1983)? Yes No

If Yes, please complete below:

ADDRESS	PERIOD WORKED	SUPERVISOR'S NAME

Section III - Work History (April 1983 – Present)

NAME OF EMPLOYERS	Year/Period worked
Claimant's Information	
Surname	NIS No.
First Name	Date of Birth
Other Name(s)	
Relationship to Deceased:	
	Telephone Numbers
Address	Home Home
	Work
	Mobile
Email Address:	
Postal Address (if different from above):	
Banking Details	
Name of Bank A	ccount No.
Name on Account:	
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I, hereby certi	fy the information provided in this application is			
true to the best of my knowledge and belief.				
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Claimant's Signature or Mark	YYYYMMDD			
Witness Statement (where claimant cannot sign/ or where claimant is overseas)				
I hereby certify that	who appeared before me affixed his signature or			
"mark" as indicated above.				
Witness Name:	Tel. No.			
Witness Title:	E-mail Address:			
Witness Signature and stamp:				
Notary Public Registration No.	For overseas claimant)			

Warning: Any person who knowingly makes any false statement or false representation for the purpose of obtaining a benefit commits a criminal offence punishable by fine or imprisonment or both.

Witnesses must be a Notary Public, Justice of the Peace, Medical Practitioner, School Principal, Snr. Civil Servant, Minister of Religion or Barrister-at-Law. (Claimants residing in a foreign country must have their claim form attested to by a registered Notary Public).