



National Fund for Municipal Workers  
Application for Death Benefit

<b>SECTION A</b>		<b>APPLICANT INFORMATION</b>	
Surname	<input type="text"/>		
Full Names	<input type="text"/>		
Relationship to Deceased Member	<input type="text"/>		
ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number (Next of Kin)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Postal Address	<input type="text"/>		
	<input type="text"/>		
	Postal Code	<input type="text"/>	<input type="text"/>
Home Physical Address	<input type="text"/>		
	<input type="text"/>		
	Postal Code	<input type="text"/>	<input type="text"/>

<b>SECTION B</b>		<b>BANK ACCOUNT DETAILS</b>	
Bank Name	<input type="text"/>	Branch Name	<input type="text"/>
Account No.	<input type="text"/>	Branch Code	<input type="text"/>

<b>SECTION C</b>		<b>DECEASED MEMBER DETAILS</b>	
Surname	<input type="text"/>		
Full Names	<input type="text"/>		
ID Number	<input type="text"/>		
Date of Death	<input type="text"/>	<input type="text"/>	<input type="text"/>
Income Tax Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer (Local Authority)	<input type="text"/>		
Employee (Pay) Number	<input type="text"/>		
	<input type="text"/>		
Signature/Thumb Print of Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>SECTION D</b>		<b>DECLARATION BY EMPLOYER</b>	
[In the event of a Deferred Member, this declaration must be done by a Commissioner of Oaths, OR an NFMW Official]			
I hereby declare that the above-mentioned applicant presented his/her Identity Document and signed this form in my presence.			
Signed at	<input type="text"/>	on this	<input type="text"/>
		day of	<input type="text"/>
			<input type="text"/>
Signature: <i>Employer / NFMW Official / Commissioner of Oaths</i>			