



## DETAILS OF THE DECEASED

Surname	
Full Name(s)	
ID / Passport Number	
SAMRO Member Number	
Residential Address	
Postal Address	
Date of Death	
Age at the Time of Death	
Where & with whom did the deceased live at the time of death?	

## NOTIFICATION DETAILS

Death Reported by	
Residential Address <i>(Person Who Notified SAMRO)</i>	
Postal Address <i>(Person Who Notified SAMRO)</i>	
Telephone Number(s)	
Signed on this day of	at
Signature	

**DETAILS OF BENEFICIARY/PAYEE OF FUNERAL BENEFITS**

Surname	
Full Name(s)	
ID / Passport Number	
Relationship to Deceased	
Residential Address	
Postal Address	
Telephone Number(s)	
E-mail Address	
Fax Number	
Beneficiary Signature	

**BANKING DETAILS**

Account Holder	
Bank	
Account Number	
Type of Account	
Branch	
Branch Code	
Remarks	

Please provide the following documents where applicable:

1. Certified copy of the deceased's Identity Document;
2. Certified copy of death certificate;
3. Certified copy of the deceased's Will; and
4. Letter from the Magistrate confirming the registration of the deceased and the appointment of a representative.

**MARITAL STATUS OF THE DECEASED**

Never Married	
Married	
Divorced	
Widowed	
Living with Common Law Partner	
Married More Than Once	

**If married, please indicate the applicable marriage regime**

In Community of Property	
Ante-Nuptial Contract	
Customary Union	

Please provide the following documents, where applicable:

1. Certified copy of 'In Community of Property' marriage certificate.
2. Certified copy of ante-nuptial contract.
3. Certified copy / proof of customary marriage certificate.

**DETAILS OF SURVIVING COMMON LAW PARTNER**

Surname	
Full Name(s)	
ID / Passport Number	
Residential Address	
Postal Address	
Telephone Number(s)	
E-mail Address	
Fax Number	

*Please provide certified copy of the spouse/partner's ID/Passport*

**DETAILS OF SURVIVING CUSTOMARY UNION SPOUSE(S)**

Please furnish the following information as well as relevant proof of each marriage (if the deceased had contracted more than one customary marriage).

Full Name(s) and Surname	Identity / Passport Number
1.	
2.	
3.	
4	
Remarks	

**DETAILS OF FORMER SPOUSE(S) OR COMMON LAW PARTNER(S)**

If the deceased was married more than once, please furnish the following information in respect of each spouse whether deceased or still alive:

1.	Full Name(s) & Surname	
	Identity / Passport Number	
	Telephone Number(s)	
	Residential Address	
	Postal Address	
	E-mail Address	
2.	Full Name(s) & Surname	
	Identity / Passport Number	
	Telephone Number(s)	
	Residential Address	
	Postal Address	
	E-mail Address	
3.	Full Name(s) & Surname	
	Identity / Passport Number	
	Telephone Number(s)	
	Residential Address	
	Postal Address	
	E-mail Address	

## Details of Children

1.	(Child's Full Name(s) and Surname)	(Child's ID / Passport Number)	(Child's Age)
	(Mother's Name(s) and Surname)	(Mother's ID / Passport Number)	
2.	(Child's Full Name(s) and Surname)	(Child's ID / Passport Number)	(Child's Age)
	(Mother's Name(s) and Surname)	(Mother's ID / Passport Number)	
3.	(Child's Full Name(s) and Surname)	(Child's ID / Passport Number)	(Child's Age)
	(Mother's Name(s) and Surname)	(Mother's ID / Passport Number)	

## Details of Surviving Siblings or Relatives

Full Name(s) and Surname	ID / Passport Numbers	Contact Details

**Details of Other Dependents** (other than spouse or children)

Full Name(s) and Surname	Relationship to Deceased	Contact Details

**Certified copies of the following documents should be submitted:**

Deceased's ID / Passport	
Death Certificate	
Deceased's Will (if available)	
Magistrate's Letter	
Marriage Certificate / Proof of Customary Marriage	
Ante-Nuptial Contract	
ID / Passport(s) of former spouses / partners	
Spouse / Partner's ID / Passport	
Beneficiary's ID	
Dependents' IDs	
IDs or Birth Certificates of Deceased's Children	