## National Insurance & Social Security Act, 1969

## **Application for Undrawn Benefit**

## Particulars of Deceased Insured Person

1.	Name of deceased person:																
2.	National Insurance No.:	Γ						1									
3.	Address:																
4.	Date of Birth: D	M Y	]	I	Date o	f Deat	th:		D	N	1	Y					
5.	Cause of Death:																
6.	Was the deceased in receipt of any benefit?																
7.	Yes No  Have you in your possession any uncashed payment vouchers issued in the name of the deceased?  Yes No  Yes No  If so, kindly return voucher/vouchers with this application																
		<u>Particular</u>	s of Ap	plicant													
						1 1	1					$\overline{}$	$\overline{}$	_	_		
8.	Name of Applicant:											Ш	Ш				
9.	Address:														Т		
<b>J.</b>	Addicas.											П		1	1		
10.	Are you related to the deceased insured person?  Yes No																
11.	If you are, in what capacity?																
12.	If not related, in what capacity are you making claim: Personal Representative, Administrator																
	Legatee, Creditor																
13.	Did the deceased leave a Will	? Yes		No													
14.	If Probate or Letter of Administration has been granted, state below the name(s) and address(s) of the Executor(s)/Administrator(s).																
	Name Address:																
15.	State the name and address of the person who has paid or is liable to pay the cost of the funeral expenses of the deceased insured person																
	Name:													1			
			<u> </u>							<u> </u>							
	Address:	$\top$												7			
16.	I, declare the above statement to be true to the best of my knowledge and belief.																
							•										
	Applicant Signature		ID/	Passpo	ort#						Da	ate					

The documents listed below should be attached to this application.

- 1. A copy of the deceased person's certificate of death.
- 2. A copy of the marriage certificate (if applicant is wife).
- 3. Uncashed payment vouchers issued to and in the name of the deceased.
- 4. A copy of Probate (if one has been granted).

## For Official Use

General Manager,									
I have examined the above claim and the attached documents and hereby certify that the claim									
submitted by is in order for payment of									
Benefit for the period to									
Kindly	approve payment.								
Prepared by:	Signature		General Manager						
Date:		Date:							
To be completed by Benefits									
Record of Payment									
Date		ype of Benefit	Amount						
Prepared by:									
Checked by									