



refund of savings form by nominee

Particulars Of Deceased Member

Membership
Number:

First
Name:

Last
Name:

The following must be attached; Medical Certificate of Death Warrant to Bury Letter from Pastor/Village Councilor

Employers Declaration

We hereby declare that:-

1. The named employee is now deceased; and
2. We verily believe that the details provided above are true and correct in every particular.

Authorised
Officer:

Designation/
Position:

Phone:

Email:

Date:

Affix Employer Stamp Here

Signature:

Applicant/ Nominee

First
Name:

Last
Name:

Residing
Town:

Email:

Mobile:

Phone:

Method of Payment

Account
Name:

Branch
(BSB):

Name
of Bank:

Account
Number:

In the event of the employer no longer operating in the country, a Commission of Oaths, Priest/Pastor/Postman or a member of the Parliament or Provincial Assembly is authorised to sign & stamp the above.

Nominee 2

First Name:	Last Name:
Phone:	Email:

Nominee 2 Method of Payment

Account Name:	Branch (BSB):
Name of Bank:	Account Number:

Nominee 3

First Name:	Last Name:
Phone:	Email:

Nominee 3 Method of Payment

Account Name:	Branch (BSB):
Name of Bank:	Account Number:

Nominee 4

First Name:	Last Name:
Phone:	Email:

Nominee 4 Method of Payment

Account Name:	Branch (BSB):
Name of Bank:	Account Number:

Office Use:

Date Received:	Received By:	Notes:
Updated By:	Signature:	
Date Back Office:	Date:	