



ITSHETSENG

SAVINGS & CREDIT COOPERATIVE SOCIETY

Tshwaragano ke Maatla

5301478 FAX: 5301579 P O BOX 10228 LOBATSE PELENG EAST PLOT 4691 itshetseng@btmail.co.bw Itshetseng SACCOS

GUIDELINES

Please help Itshetseng Saccos assess your claim more efficiently, by using these guidelines. Please attach

the following:

- Copy of death certificate, certified by a Commissioner of Oaths
- Certified copy of member' s identity document
- Member' s latest payslip
- Affidavit confirming relationship (where applicable)
- Affidavit/letter explaining surname difference (where applicable)
- Nomination form/Proposal form
- Police report (where applicable)

In addition, if application is for a spouse:

- Certified copy of the marriage certificate
- Declaration/affidavit from a third party confirming the duration of the relationship, e.g. Tribal Chief, Minister of Religion, parent of the deceased

In addition, if application is for a child:

- Certified copy of child' s birth certificate
- Affidavit from the other parent/third party confirming that the child is the biological child, stepchild or legally adopted child of the main member (where applicable)

NB:

- Death/birth certificate should be certified at the issuing office (Civil and National Registration/nearest police office).
- All features on the death/birth certificate should be visible i.e. full borders, form CRD3/CRB3
- All documents should be visibly stamped and signed.

MEMBER DETAILS

First name(s)

Surname

Identity number Date of birth

Date of joining scheme Date Date of joining employer

of death (if applicable)

DECEASED PERSON' S DETAILS

First name(s)

Surname

Identity number Date of birth

Date of death

Relationship to member: Spouse Child Parents Extended family

PAYMENT DETAILS

Benefit details

Family cover at date of death

Family cover payable to

Cellphone

Bank account details

In terms of the policy document, the benefit is electronically transferred to the relevant bank account.

Name of account holder Identity number

Bank name Branch name

Account number Branch code

Type of account: Savings Cheque Transmission

CLIENTS SIGNATURE

Signed at on this day of 20

Full name

Signature

AUTHORITY TO PAY CLAIM

I/We the undersigned, in my/our capacity as and duly authorised to make this declaration, hereby declare that:

- i. the person whose death gave rise to this claim has in fact died and was a legitimate participant under this fund; and
- ii. that payment of the proceeds, due in respect of the above member, in terms of the fund, shall represent the full and final discharge of Itshetseng Saccos liability in respect of this member.

Signed at on this day of 20

Full name

Signature

Payment Approval (Management board authorized Signatories) (Any 2)

- 1. _____ Signature _____ Date: _____
- 2. _____ Signature _____ Date: _____



3. _____ Signature _____ Date: _____

4. _____ Signature _____ Date: _____