Funeral Claim Form

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Member's Details

Surname & Title ..... Member Ref No. .....

Alternative Surname .....

First Name & Initials ..... Date of Birth (dd/mm/yyyy) .....

Identification No. .....

Marital Status Married □ Single □ Divorced □ Widowed □

Postal Address .....

Deceased's Details

Surname & Title ..... First Name & Initials .....

Relationship to Member Member □ Spouse □ Child □ Parent □

Date of Death (dd/mm/yyyy) .....

Date of Last Contribution (dd/mm/yyyy) ..... Amount of Last Contribution ..... PM □ PW □

Date of Birth (dd/mm/yyyy) ..... Cause of Death .....

Payment Details

To Whom is the Benefit Payable? Dependants/Nominees □ Member □ Scheme □ Other □ If 'Other' enter name and postal address below

Name .....

Postal Address .....

Payment by Cheque □ Payment Directly into Bank or Building Society Account □

Name of Bank or Building Society .....

Branch Office ..... Branch No. (Bank Only) .....

Account No. ..... Account Type (Transmission, cheque, etc.) .....

Member's / Dependant's Signature Date (dd/mm/yyyy)

.....

On Behalf of Society Date (dd/mm/yyyy)

.....

Where the claim is i.r.o. the member's spouse, child or parent.

Claims must be notified to Metropolitan Botswana within 6 months from date of death in order for the claim to be valid.

Notes

The following supporting documents must be submitted:

Death of Member	Original or certified copy of death certificate	□
	Original or certified copy of marriage certificate, where widow(er) benefits are payable	□
	Original or certified copy of birth certificate(s) of children where children's benefits are payable	□
Death of Spouse	Original or certified copy of death certificate	□
	Original or certified copy of marriage certificate	□
Death of Child	Original or certified copy of death certificate	□
Death of Parent	Original or certified copy of death certificate	□
	Other Dependents or Nominees Original or certified copy of death certificate	□

KYC Process

Metropolitan KYC Form	□
Identification document with 3 months validity	□
e.g. certified ID/Passport, work & residence permit for foreign nationals	
Source of funds/proof of income in the form of payslip or bank statement	□
Proof of residence:	□
Utility bill not older than 3 months, lease agreement, affidavit or letter from employer	

Stamp Box

Data Protection Clause

Metropolitan may collect, use, store, transfer or otherwise process ("process") information relating to you and/or your directors, shareholders, agents and authorized representatives (as applicable)which is provided to Metropolitan by you under this agreement or otherwise acquired by Metropolitan ("Personal Information") for the purposes of administering the terms of this agreement, client onboarding, anti-money laundering, credit checking, complying with legal and regulatory obligations and marketing financial services and products by Metropolitan to you ("the Purpose").

You expressly consent to Metropolitan processing your Personal Information and to the transfer of such Personal Information to other members of the MMA Group or third-party service providers for storage or further processing on behalf of Metropolitan for the Purpose.
You authorize Metropolitan to disclose your personal information when required to do so to any governmental authority, regulator, law enforcement agency, court or tribunal, to any exchange and/or clearing house as required by any applicable laws and regulations; to any of our affiliates, service providers, brokers, dealers, custodians, agents, bankers, auditors and professional advisers; or in the public interests or where it is necessary for the purpose.

You acknowledge and agree that Metropolitan may retain such Personal Information in accordance with Metropolitan's data retention policies, after termination of this Agreement only so long as required and permitted.

THIS IS AN NBFIRA AND FIA MANDATORY ANNUAL REQUIREMENT

Know Your Customer (KYC)

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Form Last Completed (mm/yy) _____ Policy Number _____

FOR INDIVIDUALS

PERSONAL DETAILS

Title	Name(s)	Surname
Date of Birth	National ID / Passport No.	Nationality

ADDRESS & CONTACT DETAILS

Postal Address				
Place of Residence	Plot No.	Ward	Town/Village	Country
Duration of Stay		If less than 2 years, provide previous address details below:		
	Plot No.	Ward	Town/Village	Country
Telephone No.		Mobile No.		
Fax No.		Email		
For proof of address please submit any of the following valid documents (latest)	Utility Bill ☐	Affidavit ☐	Employer letter ☐	Lease Agreement ☐

BANKING DETAILS

Bank Name	Branch
Account No.	Account Type
Source of Income - e.g. salary	

ANTI-MONEY LAUNDERING AND COUNTER TERRORIST FINANCING REQUIREMENTS

In accordance with the Finance Intelligence Regulations the following documents should be provided for verification:

Natural Persons

- Identification document with 3 months validity e.g. certified ID/Passport, work & residence permit for foreign nationals
- Source of funds/proof of income in the form of payslip or bank statement
- Proof of residence: utility bill not older than 3 months, lease agreement, affidavit or letter from employer

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false, untrue, misleading or misrepresenting, I am aware that I may be liable for it.

Full Name		
Date	Place	Signature

Please submit the completed form and specified documents to your nearest Metropolitan office or Broker, alternatively it can be scanned and emailed to: kyc@metropolitan.co.bw

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AFFIDAVIT

I …….

ID-Number……. Age ……..

	Current Address	Permanent Address
Plot		
Ward		
Town/Village		
Country		

Tel (cell)…….. (w) …… (h) ……

Declare under oath –

THAT THE ABOVE INFORMATION IS TRUE AND CORRECT
……
……
……
……

I am familiar with, and understand the contents of this declaration. I have no objection/have objection to taking the prescribed oath. I consider the prescribed oath as binding to my conscience.

Place: …….. Date: ……

Time: …… Signature: ……

The statement was sworn to/affirmed before me:

At: ……on …… ……..day of …….

……..
Commissioner of Oaths (Signature)

……
Commissioner of Oaths (Name Print)

Stamp