



Refund of Savings form by nominee

SL14b

Particulars to Members

Membership Number:	Branch:
First Name:	Last Name:

The following must be attached; Medical Certificate of Death Warrant to Bury Letter from Pastor/Village Councilor
 Employer Confirmation Letter Bank Statement for nominees
 ID's of nominees over age of 18 years old

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:	Signature:
Affix Employer Stamp Here 	

Applicant to Nominee

First Name:	Last Name:	
Residing Town:	Email:	
Mobile:	Phone:	
Location (Residing Town):	Province (Where member resides):	Region:

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