

FUNERAL CLAIM FORM

To claim, please complete this form and email it back to <u>claims@norafinance.co.za</u> or hand it in at your nearest branch.

Johannesburg Office	Durban Office
Pinewood Office Park, 33 Riley Road Woodmead, 2191	11 Walnut Road, Kingsmead, Durban, 4001
011 593 2306	031 003 2969
WhatsApp Number: 0732579592	

Attach the following documents to the completed claim form:

- 1. Proof of identity of the claimant (copy of ID or Birth Certificate or Passport)
- 2. Proof of identity of the deceased (copy of ID or Birth Certificate or Passport)
- 3. Proof of banking details
- 4. Copy of death certificate
- 5. Fully completed police report if the cause of death is unnatural, accidental or suicide
- 6. Copy of BI-1663 or DHA-1663 or BI-1680

A. Details of policyholder	Policy number:
Surname:	Title and Initials:
Full Names:	
ID/Passport number:	Date of Birth:
Relationship to deceased:	Contact number:
Email:	
Physical Address:	

Details of deceased		
Surname:	Title and Initials:	
Full Names:		
ID/Passport number:		
Date of birth:	Date of death:	
Cause of death:		
Death certificate serial number:		

Bank Account Details	
Name of Account holder:	
ID Number:	
Bank Name:	Branch Name:
Account Number:	Branch Code:
Account type (Cheque/Savings/Transmission):	·

Date

Declaration by claimant		
hereby indemnify Nora Finance against all claims by any party for any benefit or monies, loss or damages incurre		
or suffered, in respect of or caused by, any representation made by me to Nora Finance and/or the payment made l	by	
Nora Finance to the above-named beneficiary of any claim in respect of the deceased's death.		
FICA Validation:		
The validity of this claim is subject to the fulfilment of party due diligence obligations of Nora Finance (Pty) Ltd under		
the provisions of the Financial Intelligence Centre Amendment Act conducted on the identity of client(s) or persons acting on behalf of clients as well as beneficiaries, premium payers and beneficial owners of juristic persons where		
applicable.	ie.	
Signature of claimant Date		