



NB. Please attach the following documents:

- ▶ Certified copy of the Death Certificate of the Main Member.
- ▶ Certified copy of the Nominated Beneficiary's ID or Passport.
- ▶ Nominated Beneficiary / Executor's Bank Statement.
- ▶ Notice of Death (BI 1663 Form)
- ▶ Police Declaration Form.
- ▶ Letter of Executorship, if the Deceased did not nominate a Beneficiary.

Please write clearly using CAPITAL letters and one letter per block. Fill in from the left and leave a blank box as a space between words.

1. Particulars of Deceased

LegalWise Membership No

Surname Title

First Name/s

ID No Date of Birth

Date of Death

Name of Doctor who certified Death

Practice No

Doctor Address

Doctor Tel No Doctor Cell No

If the claimant is the Nominated Beneficiary, complete section 2 and 4.
If the claimant is the Executor, complete section 3 and 4.

2. Particulars of Nominated Beneficiary

Surname Title

First Name/s

ID No Date of Birth

Postal Address

Postal Code

Residential Address

Postal Code

Tel Home Tel Work

Cell No

E-Mail

3. Executor's details

Surname	<input type="text"/>	Title	<input type="text"/>
First Name/s	<input type="text"/>		
ID No	<input type="text"/>	Date of Birth	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D
Firm Name	<input type="text"/>		
Estate No	<input type="text"/>		
Postal Address	<input type="text"/>		
	<input type="text"/>	Postal Code	<input type="text"/>
Business Address	<input type="text"/>		
	<input type="text"/>	Postal Code	<input type="text"/>
Tel Home	<input type="text"/> <input type="text"/> <input type="text"/>	Tel Work	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cell No	<input type="text"/> <input type="text"/> <input type="text"/>		
E-Mail	<input type="text"/>		

4. Bank details (please attach proof of banking details of the Nominated Beneficiary/Executor)

Name of Account Holder	<input type="text"/>		
Name of Bank	<input type="text"/>		
Account No	<input type="text"/>		
Branch Name	<input type="text"/>	Branch Code	<input type="text"/>
Account Type	<input type="text"/>		

5. Cause of Death

Describe the cause of death:

Claimant's Signature	<input type="text"/>
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Date	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D
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