

DECLARATION IN RESPECT OF A DECEASED MEMBER/PENSIONER'S SPOUSE, MAJOR CHILD, NOMINEE OR OTHER DEPENDANT

(For completion by spouse, major children, nominees or financial dependants of the deceased)

I (full names) : _____ Identity Number : _____

(Please attach a certified copy of Identity Document)

Residential Address: _____

Postal Code: _____

Tel No. (H) _____ Cell No. _____

Email address _____

Do hereby declare under oath that:

1. The deceased (full names) _____ I.D. No: _____

was my _____ **(State relationship) or although not related that I was financially dependent on the deceased. (* Delete as applicable)**

2. I declare to the best of my knowledge, the Potential Dependant Information (Anyone who could possibly be regarded as a dependent of the deceased) contained in the schedule below is true and correct.

3. I am/am not * aware of any other person/persons than those names indicated below who may be dependent on the deceased **(* Delete as applicable and provide names and contact addresses of the relevant dependants)**

Potential Dependant Information				
	Name and surname	Telephone/cell nr	Address	Relationship to deceased
1				
2				
3				
4				
5				
6				
7				
8				

THE FOLLOWING TO BE COMPLETED BY THE DEPONENT IF APPLICABLE, i.e. ONLY IF HE/SHE IS CLAIMING FINANCIAL DEPENDANCY

4. That I was dependant on the deceased at the date of his/her death for the following: (e.g. **Schooling, food, rent etc. Please attach relevant documentary proof of financial dependency and proof of payment(s) actually received from the deceased per month**)

DETAILS	AMOUNT RECEIVED	
	R	pm
	R	pm
	R	pm
Total	R	pm

5. OTHER BENEFITS THAT THE POTENTIAL DEPENDANT MAY BECOME ENTITLED TO	Amount
Benefits received / likely to be received from other funds to which the deceased had belonged Origin:	R
Inheritance received/likely to be received (as a result of the deceased's death) Origin:	R
Insurance policies on the life of the deceased: where you are nominated as a beneficiary Origin:	R
6. POTENTIAL DEPENDANT'S FINANCIAL DETAILS	AMOUNT
(a) Salary/Wage p.m. (documentary proof to be attached)	R
(b) Other income p.m. (specify)	R
Total own income p.m. (a) + (b)	R

7. Occupation (**Students should state their grade**) _____
8. Current Employer (**Students should name the school or tertiary institution**) _____
9. Educational qualifications (i.e. grade 8, grade 12, degree, diploma) _____

10. SCHEDULE OF OWN ASSETS AND LIVING EXPENSES

A. ASSET(S)	DETAILS	VALUE	
Fixed Property/Vehicles		R	
Savings and fixed deposits		R	
Shares and Unit Trusts (market value)		R	
Insurance policies		R	

Other assets		R	

B. DAY-TO-DAY EXPENSES	AMOUNT
1. Basic expenses	Amount p/m
1.1 Accommodation (including electricity and water)	R
1.2 Medical expenses	R
1.3 Food	R
1.4 Clothing	R
1.5 Transport	R
1.6 Other	R
2. Educational Needs: (all levels)	R
2.1 Accommodation (including meals)	R
2.2 Transport	R
2.3 School wear, etc.	R
2.4 Tuition fees	R
3. Entertainment	R
4. Other expenses (please specify)	R
TOTAL LIVING EXPENSES	R

I know and understand the contents of this declaration, that the facts herein are to the best of my knowledge true and correct and I have no objection to taking the prescribed oath which I consider to be binding on my conscience.

_____ SIGNATURE OF DEPONENT Signed and sworn before me at _____ (place) on this _____ day of _____ (Month) 20____ (Year), by the deponent who has acknowledged that he/she knows and understands the contents of this affidavit.	_____ COMMISSIONER'S STAMP NOTE: Commissioners of Oath are available at any Police Station, Post Office, the Office of any Attorney, or at the Fund's Offices
_____ COMMISSIONER OF OATHS (Signature)	

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