
9th Floor Amani Place, Ohio Street, PO Box 22229 Dar es Salaam Tanzania
Tel: +255 22 212 7151/2/3, Fax: +255 22 212 7154

GROUP FUNERAL / LAST EXPENSE CLAIM FORM

1. Insured: _____
2. Branch: _____
3. Full Name of Member/Spouse/Dependent: _____

4. Policy/Certificate number: _____
5. Date of death: _____
6. Cause of death, tick in appropriate box :-
 - a. Illness
 - b. Accident
 - c. Other

If other, give more details

Please attach the following documents :-

- a. Death notification
- b. Copy of deceased identity card
- c. Burial permit

I/We hereby acknowledge that the information provided above is correct and that **SANLAM LIFE INSURANCE (TANZANIA) LIMITED** may call for any further information it may require.

Date: _____

Signature and Stamp of Authourized Official