



NATIONAL PENSION SCHEME AUTHORITY

CLAIM FOR FUNERAL GRANT

(i) Application for a Funeral Grant

This form has to be filled in whenever you are applying for a funeral grant payable under the National Pension Scheme Act. Before you complete this form, please ensure that you carefully read through the instructions below.

(ii) Misrepresentation of Facts

Any person who makes a false statement or representation or produces or furnishes or causes to be produced or furnished any information which he or she knows to be false in a material particular is guilty of an offence under Section 51(I) (C) of the National Pension Scheme Act No. 40 of 1996.

(iii) Funeral Grant

To qualify for a funeral grant the deceased member should have either been receiving a retirement pension or invalidity pension, or, in the case of a member who was still in employment, should have made at least 12 months of contributions in the last 36 months of his employment.

(iv) Time Frame

This claim should be lodged with the Authority within six months of death of the member.

(v) How to complete the form

1. Complete Sections A, B, C, D and E of this form.
 2. All applicants should ensure that Section F of this claim form is completed by relevant officials.
 3. You must attach documentary evidence of death, (e.g. certified copies of Death Certificate, Burial/Cremation Permit, Certificate of cause of death from the hospital, District Executive Secretary's or Police report or such other authentic and acceptable evidence confirming the death of the member.
 4. If the claimant is not the widow or widower or nominee of the deceased member, an Order of Appointment as Administrator of the deceased's estates should be attached to the claim.
 5. State clearly the postal address to which the Grant should be sent and if to collect, please state place of collection.
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Instructions - Please read "How to complete the form" (v) above
- Complete the form in ink only
- After completing the form please mail it or take it to the nearest NAPSA office.

A.

MEMBER'S DETAILS

1. **NAME**

SURNAME	MIDDLE NAME	FIRST NAME
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2. **DATE OF BIRTH**

3. **DATE OF DEATH**

4. **NAPSA SOCIAL SECURITY NUMBER**

ONE DIGIT FOR EACH BOX

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5. **NATIONAL REGISTRATION CARD NUMBER**

ONE DIGIT FOR EACH BOX

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B.

DECEASED MEMBER'S RECORD OF EMPLOYMENT

EMPLOYER'S FULL NAME AND ADDRESS	PERIOD EMPLOYED			
	FROM		TO	
	Month	Year	Month	Year

Note: If the employment history is too long please attach another form.

C.

PARTICULARS OF BENEFICIARIES

The Authority reserves the right to apply the applicable rules. This means that some of the individuals you may list may not receive a benefit because they are not entitled to it by reason of the rules of the National Pension Scheme Regulations as stipulated in Statutory Instrument No. 71 of 2000.

SURNAME	FIRST NAME	DATE OF BIRTH	SEX	NRC NUMBER	RELATIONSHIP

D.

PAYMENT INSTRUCTIONS

Please indicate how you would like to receive your benefit

1. I will collect at the NAPSA Office at _____
Name of NAPSA Office

2. Please deposit in my bank account at _____
Name of the Bank

Address of Bank

Account Number

E.

PARTICULARS OF CLAIMANT AND DECLARATION

1. **SURNAME:** _____
OTHER NAMES: _____
2. **NATIONAL REGISTRATION CARD NUMBER:** _____
3. **RELATIONSHIP TO THE DECEASED MEMBER:** _____
4. **ADDRESS:** _____

- CONTACT No.** _____

I declare that the details given in support of this claim are correct to the best of my knowledge, and accordingly, I claim the Funeral Grant due under the National Pension Scheme Act of 1996.

_____ Date _____ Signature _____

**THUMB
PRINT**

**F.
ATTESTING WITNESS**

(A Labour Officer, Social Welfare Officer, Legal Practitioner, or Commissioner for Oaths).

Full Names _____
(block letters) _____

Signature _____

Designation _____

Address _____

Date _____

**OFFICIAL
STAMP**

**G.
FOR OFFICIAL USE ONLY**

Name: _____ Man No: _____ Signature _____

Date received _____ Claim to be ready on _____