

LETSASTI FINANCE MATERNITY BENEFIT CLAIM REQUIREMENTS

Letsatsi Finance wishes to congratulate you on the birth of your child.

In order for us to process your claim, we will need to have the following information, this information will need to be submitted with the following supporting documentation within **4 (FOUR) months** from the date of birth of your child:

- 1) **Claim Form**
This fully completed Claim Form signed by the policyholder/beneficiary with supporting documentation.
- 2) **Supporting documentation**
 - **Proof of Birth** (certified copy of Unabridged Birth certificate)
 - **Mother of newborn** - Proof of relationship to the policyholder (**ID or affidavit**)
 - **Copy of bank statement for payment.**

CLAIM FORM DETAILS

1: PRINCIPAL MEMBER/CLAIMANT'S DETAILS

Title	Full Names		
Surname		Inception Date	
Policy/Membership No.		Marital Status	
I.D. Number			
Postal Address			Postal code
Email address			
Tel No (H)	Tel No (W)	Cell No	

2: MOTHER'S DETAILS

Full Names	Surname		
Relation to Main Member	1. Principal member		
	2. Spouse		
I.D. Number			

3: NEW BORN CHILD'S DETAILS

Full Names	Surname		
Date of birth	Claim Amount	R3,000	
I.D. Number			

4: PAYMENT INSTRUCTIONS – EFT TO BENEFICIARY

Name of Account Holder	Name of Bank		
Account Number	Branch		
Account Type	Branch Code		

5: DECLARATION

I, the undersigned, hereby certify that the above information is true and correct and that the policyholder is a paid up member and has taken out the Maternity benefit with the Letsatsi Funeral Plan.

SIGNATURE: _____

DATE: _____

FOR INTERNAL USE		
Amount Due: _____	Less Deductions: _____	Total Paid: _____
Processed by: _____	First approval: _____	Final approval: _____