



**LIBERTY**  
In it with you

Liberty Life Swaziland Limited – Reg.No. R7/29653  
2nd Floor, South Wing, Building No.1, Sibekelo Building,  
Mhlambanyatsi Road Mbabane, Swaziland  
P.O. Box A294 Swazi Plaza  
t +268 2404 3444 f +268 2404 1803  
www.liberty.co.sz

## Funeral Claim Form

KINDLY ANSWER ALL QUESTIONS IN FULL AND ATTACH SUPPORTING DOCUMENTATION AS LISTED BELOW.

### SUPPORTING DOCUMENTS FOR THIS CLAIM (PLEASE ATTACH THE FOLLOWING DOCUMENTS)

- ☐ Certified copy of death certificate
- ☐ Certified copy of Policyholder's proof of identity
- ☐ Certified copy of claimant's proof of identity (If the deceased is the Policyholder)
- ☐ Certified copy of deceased's proof of identity (If the deceased is a Dependent)
- ☐ Proof of bank details for beneficiary.
- ☐ Proof of relationship to policyholder for the deceased (If the deceased is a Dependent)

Liberty Life reserves the right to call for additional documents where necessary in order to validate the claim.

Policy number

### POLICYHOLDER'S DETAILS

Surname **DLAMINI THANDI**

First name **THANDI GIDIZA** Gender M ☒ F

Identity number **7212151100405** Date of birth **15-12-1972**

Policyholder's tax ID number

Telephone number Mobile number

E-mail address

Postal address Postal code

Residential address Postal code

### DECEASED DETAILS

Is the deceased ☒ Policyholder ☐ Spouse ☐ Child ☐ Parent ☐ Extended family

Surname **DLAMINI**

First name **THANDI GIDIZA** Gender M ☒ F

Identity number **7212151100405** Date of birth **15-12-1972**

### SECTION 3 – CLAIMANT'S DETAILS (Must always be policyholder, except where the policyholder is the deceased)

Surname **GIAMA**

First name **NOMSA JIBHO** Gender M ☒ F

Identity number **6611151100011** Date of birth **15-11-1966**

Tax ID number

Telephone number Mobile number

E-mail address

Postal address Postal code

Residential address

NH LANGAND

Postal code

Relationship to policyholder

SISTER

## CLAIM DETAILS

Date of death

23 01 2025

Cause of death

☒ Natural☐ Unnatural

Provide details on the cause of death.

If death is due to an accident, was the accident reported to the police?

☐ Yes☐ No

Name of police station

Case number

## CLAIM PAYMENT DETAILS

## CLAIM PAYMENT METHOD

☒ EFT☐ Cheque

## BANK DETAILS FOR EFT PAYMENTS

(Please attach a copy of the latest bank statement – must not be older than 3 months, or confirmation of account details on the Bank's letterhead.)

Name of account holder

MBABANE BURIAL BENEFIT SOCIETY

Name of bank

NEDBANK

Account number

1200000017087

Branch name

MBABANE

Branch code

360164

Account type

CURRENT ACCOUNT

## CLAIMANT'S DECLARATION

I, in my capacity as claimant, hereby certify that the above information submitted by me, is to the best of my belief and knowledge both true and correct. I further confirm that I have not withheld, concealed, or misstated any information. I further understand that any misstatement or non-disclosure of information, which materially affects the assessment of this claim, will entitle liberty life to declare this claim null and void.

Claimant's name and surname

GAMA NOMSA TIBHO

Claimant's signature

N. Fung

Date

28 01 2025

## EMPLOYER'S DECLARATION

I, the undersigned hereby certify that the above information submitted by me is to the best of my belief and knowledge both true and correct and further confirm that I have not withheld, concealed, or misstated any information. I further understand that any misstatement or non-disclosure of information which materially affects the assessment of this claim will entitle Liberty Life Swaziland (Pty) Ltd to declare this claim null and void.



Authorized Signatory

28/01/2025

Date

Company Stamp



MBABANE BURIAL  
—With You For Life—

Siteshi Road  
P.O. Box 477, Mbabane  
Eswatini  
Tel: + 268 2404 2888  
Fax: + 268 2404 4075  
E-mail: info@mbbs.co.sz