ustomer details A number	Date: (dd-mm-yy		уууу)	Note: ALL alterations on	
E N				this form MUST be coun- signed by the Customer.	
itle Surname F	irst name		Other names	,	
ext of Kin/Beneficiary/Administrator details					
-	First name		Othernames		
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	DANIK BANKIEN	IT DETAIL C			
nk Account Number Bank Name	BANK PAYMEN	NI DETAILS Bank Bi	ranch		
ndly provide us with a Bankers Confirmation Letter t	o further val	date the bank de	tails provided a	above.	
PLICATION CHECK LIST FOR DEATH BENEFIT (PRI			P 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		
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leath certificate olice report (if death is by accident)	A	ccrued Rights confirmati	ion from the Employe	r l	
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Power of Attorney (Where not all the administrators are signatory pank account)	to the				
A Passport picture each of deceased and HOKs/Administrator					
Proof of enrollment with LPPFA Neans of Identification for all Administrators /NOKs					
plication will only be processed if they include ALL the	required docum	ents.			
onfirm that the information supplied above by me is true m any liability whatsoever arising out of untrue informa			LEADWAY PENSUI	RE PFA LTD, and its officers	
Contact Name		 Contact's Signature	& Date		
	<u>OFFICIA</u>				
ereby certify that original copies of all documents submitte	ed were sighted	by me, and the appli	cation was duly co	mpleted.	
ome of Descripting Officer Signature & Deta		Branch Teleph	one Deteils		
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