

Date 27 July 2024

To Whom It May Concern

Re: Confirmation of Bank account

This letter serves to confirm that the below mentioned customer holds the below Standard Bank account.

Legal entity name	
Name of accountholder	MR MOSHE JOHN GIDEON MATABOLOGA
Registration/Identity/Passport number	9405155095088
Account number	10228558628
Account type	PRESTIGE CURRENT ACCOUNT
Branch	JOHANNESBURG
Branch code	000205
Branch code (electronic payments)	051001
SWIFT address	SBZA ZA JJ
Date account opened	27 July 2024

This letter or your reliance on same does not give rise to any obligations or liability on the part of the Bank and/or its officials.

We trust the above meets with your requirements.

Yours sincerely
GRACE MOTHIBA
PRESTIGE BANKER
MENLYN
+27(0)10 824 1517

Disclaimer

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Customer Care: 0860 123 000 Website: www.standardbank.co.za

The Standard Bank of South Africa Limited (Reg. No. 1962/000738/06) Authorised financial services provider and registered credit provider (NCRCP15)
Directors: NMC Nyembezi (Chairman) L Fuzile* (Chief Executive Officer) LL Bam PLH Cook A Daehneke* OA David-Borha3 GJ Fraser-Moleketi OMB Kennedy BJ Kruger LI Li2 JH Maroe NNA Marumza ML Oduor-Otieno3 SK Tshabalala*

Company Secretary: K Froneman - 2024/05/24

*Executive Director 1Nigerian 2Chinese 3Kenyan

1. This original application form must be completed, signed and forwarded to the Eskom Pension and Provident Fund, Private Bag X50 Bryanston, 2021.
2. Please initial each page and ensure that the pension number is written on each page.
3. Please supply all details.

PLEASE, COMPLETE THE FORM IN FULL AND PROVIDE ALL THE DETAILS AND DOCUMENTS REQUESTED. FAILURE TO DO SO MAY LEAD TO DELAYS IN PROCESSING YOUR APPLICATION FOR BENEFITS.

SECTION A – REASON FOR APPLICATION (Please mark with and "X")

Death of an In-service member (Rule 9.2)

☐

Death of a Pensioner (Rule 9.3)

☐

Death of a Deferred Pensioner (Rule 7.2.2)

☐

Death of a guardian/child with new Guardian/child: own guardian (must be above 18 years old)

☐

Death of a Paid-Up Member (Rule 6.5.3.2)

☐

SECTION B – PERSONAL DETAILS OF THE DECEASED

Unique number

Pensioner
Number

(For Pension Fund use only)

Title

Full names (Not initials)

Surname

Date of death

Marital status

DEFINITION OF A DEPENDANT (PENSION FUNDS ACT, 1956)

DEPENDANT, in relation to MEMBER or PENSIONER shall mean:

a. a person in respect of whom the MEMBER or PENSIONER is legally liable for maintenance,

b. a person in respect of whom the MEMBER or PENSIONER is not legally liable for maintenance, if such person—

- (i) was in the opinion of the BOARD, upon the death of the MEMBER or PENSIONER in fact dependent on the MEMBER or PENSIONER for maintenance
- (ii) is the spouse of the MEMBER or PENSIONER, including a party to a customary union according to Black law and custom or to a union recognised as a marriage under the tenets of any Asiatic Religion,
- (iii) is the child of the MEMBER or PENSIONER, including a posthumous child and a child born out of wedlock

c. a person in respect of whom the MEMBER or PENSIONER would have become legally liable for maintenance, had the MEMBER or PENSIONER not died.

Please initial page here

1039

Pension number

SECTION C – PERSONAL DETAILS OF APPLICANT

*If the dependant is below 18 years of age, the guardian must complete these forms

Applicants status:

Widow	Widower	Guardian	Dependant (major child/live in partner) <input checked="" type="checkbox"/>
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Title Mr.

Full names (Not initials) Mashie John Gideon

Surname Mataboloya

Identity/Passport number 9405 1550 950 8 8

Date of birth 15/05/1994

SA Revenue Services Office Online (Where Applicant submits his/her tax returns)

SA Revenue Services tax no. 3446492179 (Your 10-digit tax reference number as reflected on the employer payroll)

Marital status Single Date of marriage/customary union N/A

Was the deceased ever divorced? ☐ Yes ☒ No Please attach certified copy of the Final Divorce Order (with all Annexures and Settlement Agreements) as signed by the relevant Clerk of the court to this form. Failure to do so may lead to delayed processing.

If "Yes" date of divorce

Employment status Employed & Student (Employed/unemployed/scholar/student)

School / tertiary level Post-graduate

Relationship with the deceased Son (Spouse/permanent live-in partner/sister/brother/girlfriend/boyfriend etc.)

Do you receive a state grant? ☐ Yes ☒ No

Are you aware of other marriages entered into by the deceased? ☐ Yes ☒ No (If "Yes" please furnish details in a separate sheet)

Are you aware of any children adopted by the deceased? ☐ Yes ☒ No (If "Yes" please furnish details in a separate sheet)

Are you aware of any children born out of wedlock? ☐ Yes ☒ No (If "Yes" please furnish details in a separate sheet)

Are you aware of adult dependants who might be dependent on the deceased? ☐ Yes ☒ No (If "Yes" please furnish details in a separate sheet)

Medical aid of which the deceased was a member Bonitas

Option BonClassic Medical aid number 4760013 0888

Number of dependants registered on medical aid 1 Employer ESKOM

* Please provide copy of medical aid and medical aid membership certificate

Do you wish to continue with medical aid ☒ Yes ☒ No ☒ Yes

ESCAP top-up (only MPSE Bands)? ☐ Yes ☒ No ☒ X

Please initial page here
MS9

Pension number

SECTION D – CONTACT DETAILS OF APPLICANT

Telephone number

Fax number

Cellphone number

060 643 4277

E-mail address

gideonmatibologae@gmail.com

Would you like to receive future correspondence via e-mail?

Yes ☒ No ☐

Postal address

Residential address

353 Olifantsfontein Rd.

Country View, Midrand

1687

(Country)

South Africa

(Country)

(Postal/International code)

1687

(Postal/International code)

Details of next of kin (not living with you)

Name

Reneilwe Mubodoga

Relationship

Sister

Telephone number

Cellphone number

082 695 3833

E-mail address

Postal address

Residential address

542 Casper avenue

Eloffsdal

Pretoria

(Country)

South Africa

(Country)

(Postal/International code)

0086

(Postal/International code)

SECTION E – EXECUTOR'S DETAILS

Name

Postal address

Contact person

Telephone number

Fax number

(Country)

Cellphone number

(Postal code)

E-mail address

Please initial page here

MJg

Pension number

SECTION F – PERSONAL BANKING DETAILS OF APPLICANT

Full name of account holder

Mahe John Gideon Matabologu

Name of bank

Standard Bank

Name of branch

Johannesburg

Branch code

000205

Account number

102 - 2855 - 8628

Account type

Current Account

(Cheque/Savings/Transmission)

Please provide a bank letter on bank's letterhead to confirm your banking details. If you wish to receive the benefit in a bank account outside South Africa, please complete the International Banking Form.

Applicant's signature



Date

07/08/2024

Please initial page here

MSA

Pension number

SECTION G – DETAILS OF THE DECEASED'S CHILDREN

Number of children listed.

1

Full names (not initials) and surname (child 1)

Moshie John Gideon Matabolaga

Birth date

15/05/1994

Is this the biological child of the deceased?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is this a legally adopted child of the deceased?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this a stepchild of the deceased?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this a grandchild of the deceased?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does this child live with you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Pension number

(for Pension Fund use only)

Full names (not initials) and surname (child 2)

Birth date

Is this the biological child of the deceased?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this a legally adopted child of the deceased?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this a stepchild of the deceased?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this a grandchild of the deceased?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does this child live with you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Pension number

(for Pension Fund use only)

Full names (not initials) and surname (child 3)

Birth date

Is this the biological child of the deceased?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this a legally adopted child of the deceased?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this a stepchild of the deceased?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this a grandchild of the deceased?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does this child live with you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Pension number

(for Pension Fund use only)

Full names (not initials) and surname (child 4)

Birth date

Is this the biological child of the deceased?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this a legally adopted child of the deceased?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this a stepchild of the deceased?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this a grandchild of the deceased?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does this child live with you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Pension number

(for Pension Fund use only)

NOTE If there are more children, children born / legally adopted/ adult dependant children, please provide details on a separate sheet.

FOR MEDICAL AID DEPENDENCY, PLEASE COMPLETE RELEVANT MEDICAL AID APPLICATION FORM

Please initial page here

M89

Pension number

SECTION H – TO BE COMPLETED BY HUMAN RESOURCES FOR DEATH OF AN IN-SERVICE MEMBER

Date of engagement (employer)

Deemed start date (pension purposes)

Should these two differ, service record cards must be provided.

Final annual basic salary

Pensionable earnings/basic salary, including market premium and long service, during the last 12 (7.3%) or 36 (6%) months of service

Service Outside Republic

Were any services rendered outside the Republic during the period of membership of the Fund?

Yes

No

Total number of months services were rendered while contributing to Fund

Total number of months services were rendered outside the Republic while contributing to Fund

Period		Salary & AH & LSI amounts
From	To	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION H (i) – DETAILS OF THE DECEASED'S TAXABLE INCOME

Gross earnings for the previous FIVE tax years (IRP 5 totals)

Year	Total
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Total	<input type="text"/>
Average	<input type="text"/>

Please initial page here


M89

Pension number

SECTION I – DECLARATION BY APPLICANT

I, the undersigned, hereby certify that the information provided on this form, is correct and true. I acknowledge that I have read and understood the instructions, notes and information provided and that I understand the options available to me.

Signed at Midrand on this August day of 07 2024


Applicant's signature

Moshé John & Gideon Matshobane
Applicant's full names (please print)

VERY IMPORTANT NOTE:

Evidence of Survival (EOS) – Applicable to eligible spouse/s and child/ren

You will receive a yellow form from the EPPF every three years effective from 2019 (example attached) that you must complete in the presence of a Commissioner of Oaths

This form, once completed by you, will confirm that you are still alive. Should the original form not be received by the EPPF within three months after being issued, payment of benefits and also deductions will be suspended. The EPPF will then not accept liability for cancellation of policies etc.

Please initial page here

MJa

Deceased's Eskom Unique / Pensioner's number

SECTION J - INSURANCE NOTIFICATION

Deceased's particulars

Full names (Not initials)

David Seleisa

Surname

Mathebologo

Identity/Passport number

Date of death

11/01/2024

Widow/widower/child's particulars (Please tick relevant option)

Full names (Not initials)

Moshé John & Gideon

Surname

Mathebologo

Telephone number

Fax number

Cellphone number

060 643 4277

E-mail address

gideonmathebologo@gmail.com

Postal address

Residential address

353 Olifantsfontein Rd.

Country v.a

1687

(Country)

South Africa

(Country)

(Postal/International code)

1687

(Postal/International code)

Not applicable

Please continue with existing policy

Please cancel from date of retirement

I would like to take out (join) this insurance

INDWE - Electrosure policy (Contents of house, car etc)

INDWE - Voluntary Group Accident Insurance (VGA) (Personal Accident Cover)

INDWE - Home owners (Fire, storm and tempest) insurance (Other than EFC Loan)

SanlamSky Voluntary Burial Scheme (Please complete nomination form if you elect to continue; obtainable from Eskom HR)

Do you wish to continue with the Group Life Insurance Scheme (MPSE)?

Yes

No

PLEASE NOTE: If you require a new policy or to change an existing policy, please contact your insurer for assistance.
I hereby authorise the insurer to carry out the above instructions.

Signature of Widow / Widower / Child's Guardian

Date

Please initial page here

MJS

Pension number

SECTION K – DECLARATION BY SHARED SERVICES HUMAN RESOURCES

Checklist of documents which must accompany this application
(Regrettably this claim cannot be considered if any of the required documents are not attached)

Unique number

Yes		Original certified copy of Death Certificate
Yes		Original certified copy of ID document of spouse / guardian / pensioner
Yes	N/A	Original certified copies of marriage certificate/s or certificate/s of Customary Union or proof of live-in partnership
Yes	N/A	Original certified copies of divorce order, or order of court, or agreement, where it is stipulated that the children are in the daily care of the appointed guardian / applicant.
Yes	N/A	Original certified copies of birth certificates, adoption papers or identity documents of children.
Yes	N/A	Sworn affidavit that the natural parents of the surviving children are not alive / estranged.
Yes	N/A	Eskom Pension and Provident Beneficiary Nomination Form

Eskom Nominee Forms or proof of payment relevant to:

Yes	N/A	Stated benefits – (what amounts paid to whom)
Yes	N/A	Pro-rata leave – (what amounts paid to whom)
Yes	N/A	Bonus – (what amounts paid to whom)
Yes	N/A	Proof of continuous membership (Medical Aid)
Yes	N/A	Original certified copies of tertiary institution registration certificates of children over 21, but under 26 years of age (for medical Aid purposes)
Yes	N/A	Maintenance orders
Yes	N/A	General Court Orders
Yes	N/A	Passport photo for pensioner card (Main pensioner only / widow / widower)

Additional documents required in case of Dependant claim

Yes	No	N/A	Original certified copy of dependant's ID document / birth certificate
Yes	No	N/A	Sworn affidavit stipulating dependency where you make mention of the following: Current employment / income / source of income, Level of dependency (Daily, weekly, monthly or on an ad hoc basis), How were you dependant (materially or financially – stipulate amounts), Name of institute or school and annual fees payable If you are aware of any other dependants, please furnish the EPPF, on a separate page, With their full names and addresses, contact details and please also indicate how they were dependant. Telephone contact numbers

Letter of Executorship from executor of estate

Yes

N/A

Please initial page here

MJA

Pension number

SECTION K continued – DECLARATION BY SHARED SERVICES HUMAN RESOURCES

Checklist of documents which must accompany this application.
(Regrettably this claim cannot be considered if any of the required documents are not attached.)

- I, the undersigned Human Resources Administrator, hereby certify that I have
- Verified the information supplied on this form;
 - Verified that all documents required are attached

Please ensure that you sign this form. Failure to do so will lead to delays in processing the claim

Human Resources Administrator's name

Telephone number

E-mail address

Business Unit

Signature

Date

Checked by Shared Services HR Supervisor
Name

E-mail address

Telephone number

Signature


Date

Please initial page here

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SECTION L - EXAMPLE OF EVIDENCE OF SURVIVAL FORM

SECTION L - EXAMPLE OF EVIDENCE OF SURVIVAL FORM

	EVIDENCE OF SURVIVAL FORM	
	FORM 2	
	Revision number 4/2005	
Page 1		

Toll Free Telephone Number 0800114543

Pension and Provident Fund, Hampton Park South, 24 Georgian Crescent, Bryanston, Private Bag 50, BRYANSTON, 2021

COMPLETE THIS FORM IMMEDIATELY ON RECEIPT AND POST IN THE POST-FREE ENVELOPE TO AVOID THE SUSPENSION OF YOUR PENSION
VOLTOOI HIERDIE FORM ONNIDDELIK NAOMTVANGS EN POS IN DIE POSVRYE KOEVERT OMTE VERHOED DAT U PENSION GESTAAK WORD.

GOYALISA LEHLOMULITHUMELE NGOKUSHESHANGALELWLOPHU ENGADINHISITEMBU UKUZE LIVIKELE UKUMISYA KWEMPESISENI YAKHO.
TLATSA FOROMO EMMIE O E BUSE KANVELOPE YANAHALA GO THISELA GO EMISIVA GA PHENSHENE YA GAGO.

I, the undersigned: ☐ Pensioner ☐ Widow ☐ Widower ☐ Guardian (Mark the appropriate box)

Pension number: _____ ID number: _____

Surname: _____

Full names (not initials): _____

Home address: _____

Postal address: _____

Telephone number: _____ Date of birth: _____

The following are particulars of minor children who are in my care and receiving a pension

	Name	Sex	Date of birth
1			
2			
3			
4			

I do hereby declare that I am the person (Pensioner / Beneficiary) entitled to receive pension and that I am alive on the date stated below

Date: _____ ID No: _____ Signature: _____

Signed and sworn / affirmed before me at _____

on this _____ day of _____ 20____

Name of Commissioner of Oaths: _____

Signature of Commissioner of Oaths: _____

Contact Details of Commissioner of Oaths: _____

Stamp of
Commissioner
of Oaths
Bank Official

NB: This certificate will not be accepted without the official stamp of the Signatory

Commissioners of Oaths are stationed at your local Magistrates Office, Attorneys, Banks, Police Stations and Eskom Security offices.


n'kommissaris van ede is beskikbaar by u plaaslike landdroskantoor, prokureurs, banke, polisiekantore en Eskom Sekuriteitskantore.

Bo-Kommissarira ba fumaneha kantorong e hauu le wena ya Magistrate, babuelli ba molao, dibanka, di kanterong tsa sepolesa, le tsa Eskom tsa tshireletso.


A bo Komishinari bayatholakala emahovisini ezikantshi, Kubanali, emabhanghe, emapoyisani omtheho, kanye namapoyisa ezokuvikela ase-Eskom.


PLEASE NOTE: It is a serious offence to make a false statement.

MJg

 **REPUBLIC OF SOUTH AFRICA**
NATIONAL IDENTITY CARD

FIATABOLOGA
National
MOSHE JOHN GIDEON
DOB
M
Gender
RSA
Home Number
9405155095088
Date of Birth
15 MAY 1994
Date of Expiry
PSA
Status
CITIZEN


E. Mabasa



VERSTANDEN DAT HIERDIE DOCUMENT IN WARE AFDRUK VAN DIE OORSPRONKELIKE DOCUMENT EN DAT ALLE WAARNEMINGS, DAAR AAN WYSGING OF VERANDERING VAN DIE OORSPRONKELIKE DOCUMENT AANES-
BRING IS NIE.

I CERTIFY THAT THIS DOCUMENT IS A TRUE AND ACCURATE COPY OF THE ORIGINAL DOCUMENT WHICH WAS FORWARDED TO ME FOR AUTHENTICATION. I FURTHER CERTIFY THAT FROM MY OBSERVATIONS, AN AMENDMENT OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

M. J. Gideon
MOSHE JOHN GIDEON


HANDTEKENING/SIGNATURE
RANK CIST

MAATSTOMMING
FORCE NUMBER
7319205 F

NAAM IN DRUKSKRIEF
NAME IN PRINT
TKM MOSHE

SOUTH AFRICAN POLICE SERVICE

DETECTIVE SERVICES

 **2024 -08- 07**


MIDRAND

SUID-AFRIKAANSE POLISIEDIENS

Conditions:
This card has been issued by the
Department of Home Affairs in terms of the
Identification Act, Act 68 of 1997.

Date of issue:
23 DEC 2015

If found please return to the Department of Home Affairs
For enquiry or replacement purposes contact: 0800 90 11 90

 **100973654**

