



**Agri and Affiliated
Sectors Provident Fund**

Website: www.aspf.co.za
Principal Officer & Information Officer: Mr Lourie Bosman
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Employer's Investigation (employer to complete)

Confidential

Note: The Notification of Death Form by the employer must be submitted to Verso Benefits Administrator (Pty) Ltd immediately after the employer has been notified of the death of the member - separate notification.

Section A: Personal particulars of deceased member

Initials and surname	<input type="text"/>
Membership number	<input type="text"/>
ID/Passport number	<input type="text"/>
Date of birth	<input type="text"/>
Date of death	<input type="text"/>

Cause of death (If cause is unnatural please provide circumstances, i.e. car accident, suicide)

Marital status (Copy of marriage certificate or divorced order to be included)

Name and address of the executor of the deceased member's estate (Include a copy of the executor's appointment)

Did the member leave a will? (If yes, include a copy of the will)

 YES NO

Section B: Personal particulars of deceased member's nominees and/or dependants

1. Did the member complete a nomination form? (If yes, include a copy of the form) YES NO
2. Is the member survived by a dependant(s)? (If yes, provide the personal details of such Dependants. Refer to "Annexure A"). YES NO
3. Provide the name and address of guardian(s) in the case of the minor dependants listed above. (An affidavit/proof of guardianship must be included)
4. Any further personal particulars that are of any importance:

Note: If any of the personal particulars under Section B is not fully available at the time of completing this form, it may be submitted separately once they become known. Completion of this form should not be delayed.

Section C: Declaration by employer representative

I, the undersigned representative of the employer, hereby certify that all particulars furnished in this investigation and accompanying documents are true and correct to the best of my knowledge.

Signed on behalf of employer _____

Designation _____

Full name _____

Date _____

