

REPUBLIC OF NAMIBIA
SOCIAL SECURITY COMMISSION
SOCIAL SECURITY ACT, 1994
Cnr. A Kloppe & J. Haupt Streets – Khomasdal

Form 17

The Chief Executive Officer
Social Security Commission
Private Bag 13223
Windhoek
Namibia

Telephone: 280 7999
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IN ALL CORRESPONDENCE QUOTE

CLAIM FOR DEATH BENEFITS IN THE CASE OF THE DEATH OF AN EMPLOYEE
(Section 3/Regulation 11)

This form must be completed for the purpose of claiming the death benefit payable in respect of a deceased employee and must be accompanied by a certified copy of the death certificate

TO BE COMPLETED IN BLOCK LETTERS

Particulars of deceased employee:

1. Social Security registration number:
2. Surname:
3. Previous surname (in case of change of surname under which registered):
4. First names:
5. Date of birth: 6. Identity number:.....(if any)
7. Passport number:(if any)
8. Date of death of employee:

Particulars of claimant:

1. Surname:
2. First names:
3. Identity number:
4. Postal Address:
5. E-mail Address:.....
6. Residential Address:
7. Telephone number:(h).....(w)
8. Relations to deceased employee/capacity:

Note:

- (a) If spouse, the marriage certificate or a duly certified copy thereof must accompany this form.
- (b) If not the spouse, this form must be accompanied by an affidavit in the form of Form 18.

I certify that the above particulars are true and correct.

CLAIMANT

DATE

Please turn over

TO BE COMPLETED BY THE EMPLOYER:

1. Name of Employer:.....

2. Social Security registration number:

I declare that the deceased employee was in my employ at the time of death.

** Attach proof of latest social security contributions/deductions from member's salary.*

.....
EMPLOYER

.....
OFFICIAL STAMP

.....
DATE

FOR OFFICIAL USE ONLY	
Checked by: _____	Date: _____
Remarks: _____	
