

CONFIRMATION OF NO SPOUSE AND / OR LIFE PARTNER



Please send your completed form to:

Mail : The Manager, Sentinel Retirement Fund, P O Box 61172, Marshalltown, 2107

E-mail : info@sentinel.za.com

Hand in : at your nearest Client Service Centres situated in Sandton, Welkom, Klerksdorp, Carletonville and Witbank/Emalahleni.

Industry / Participant Number of Deceased

Identity / Passport Number of Deceased

Estate Late

Title

Initials

Surname

I,

Identity / Passport Number

Tel

Mobile

Email

states that the deceased was my (State Relationship)

I hereby confirm and certify that to the best of my knowledge, the deceased had no spouse / cohabiting partner nor re-married at date of death.

Signature

Electronic signatures are not permitted to be used on this Application Form.

Date

Y

Y

Y

Y

M

M

D

D

Sandton: 5th Floor, 92 Rivonia Road, Wierda Valley, Sandton, 2196 | Toll-Free 0800 776 861
Carletonville: S Buys Office Park, Shop 10, Corner Kaolin and Radium Streets, Tel (011) 481 8290/1
Klerksdorp: 54 Buffeldoring Street, Wilkoppies, Tel (018) 468 7309 | Welkom: Shop 24, The Strip, 314 Stateway, Tel (011) 481 8025/6
Emalahleni/Witbank: WCMAS Building, Corner OR Tambo and Susanna Streets, Tel (011) 481 8295/6