CONFIRMATION OF NO SPOUSE AND / OR LIFE PARTNER

SENTINEL retirement fund

Please send your completed form to:

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 Number of Deceased

Estate Late	

Title	Initials	Surname
I,		

Identity / Passport Number	

Telephone		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	Date
Electronic signatures are not permitted to be used on this Application Form.	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 Buffelsdoorn Road, Flamwood, Tel (011) 481 8024/8 | **Welkom:** Shop 25, The Strip, 314 Stateway, Tel (011) 481 8025/6
Emalahleni / Witbank: WCMAS Building, Corner OR Tambo and Susanna Streets, Tel (011) 481 8295/6