

**JOHANNESBURG HOUSING COMPANY (JHC)**

**NOMINATION OF BENEFICIARY  
FOR FUNERAL ASSISTANCE**



53 Main Street, Marshalltown, Johannesburg, 2001  
PO Box 61738, Marshalltown, 2107  
Tel: (010) 593-0200 Fax: (011) 836-6887

I, (please print full names) \_\_\_\_\_  
Identity Number \_\_\_\_\_ being the undersigned registered leaseholder of  
Unit \_\_\_\_\_ at building \_\_\_\_\_ nominates one person located in  
South Africa who will take care of funeral arrangements in the event of my death:

<b>Title:</b>	
<b>First names:</b>	
<b>Surname:</b>	
<b>Relationship:</b>	
<b>Identity number:</b>	
<b>Passport number:</b>	
<b>Date of birth:</b>	
<b>Tel work:</b>	
<b>Tel home:</b>	
<b>Mobile number:</b>	
<b>Bank account number:</b>	
<i>South African bank accounts only.</i>	

Funeral assistance is provided at no charge to the leaseholder or his/her nominee. Any payment of Funeral Assistance is, however, at the sole discretion of JHC.

**DECLARATION**

I acknowledge that this nomination shall be subject to JHC's Hardship Assistance guidelines.  
I also acknowledge that JHC in providing Funeral Assistance is not bound by my nomination and may provide assistance in JHC's discretion as the company considers fair.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
**LEASEHOLDER'S SIGNATURE**

\_\_\_\_\_  
**UNRELATED WITNESS SIGNATURE**

**IMPORTANT:** Please note nominations should be reviewed regularly to ensure that the appropriate person is nominated to take care of funeral arrangements. The JHC Leasing Department must be informed immediately of any changes and a new form must be completed.