

DEATH NOTIFICATION AND INFORMATION FORM

53 Main Street, Marshalltown, Johannesburg, 2001
P.O. Box 61738, Marshalltown, 2107
Tel : (011) 241-6900 Fax : (011) 836-6887



DETAILS OF REGISTERED LEASEHOLDER

1. Full Name : _____
2. Identity Number : _____
3. Building Name : _____ 4. Unit Number _____

DETAILS OF EVENT

5. Date of Death : _____
6. Details of Deceased :

Full Name of Registered Leaseholder or Registered Dependent	I.D. Number	Relationship to Leaseholder (if applicable)

I hereby declare that the above information is true and correct.

AUTHORISED SIGNATORY

DATE