

Please print in block letters using black or blue ink.

PLEASE RETURN THE COMPLETED ANNEXURE AND SUPPORTING DOCUMENTS TO:

Old Mutual Corporate

Mutual Tower
Floor 9
Windhoek

Fax: 061 299 3728 or 061 299 3729

Tel: 061 299 3627 or 061 299 3277

Email: NAM-EBMemberServices@oldmutual.com

If you need assistance with the completion of the form, please contact us at the contact details provided above.

If more space is required, please make copies before completing this form.

To be completed by the investigating officer at the police station where the death of the deceased was reported. This report is required to substantiate a death claim and will be considered strictly confidential. Please indicate your response with an 'X'.

A. DETAILS OF THE DECEASED

Name of Fund Orion Namibia Protektor Namibia

Name of participating employer (Orion only)

Full name(s)

Surname

Date of birth Date of death

B. INVESTIGATING OFFICER'S REPORT

1. (a) Date, time and place of death

Date of Death Time of Death :

Place of Death

(b) Magisterial District

Date identified

(c) Who identified the deceased?

(d) What is this person's relationship to the deceased?

2. Is it suspected that the death was due to suicide? Yes No

3. Was the deceased involved in a motor vehicle accident? Yes No

(a) Was the deceased a: driver passenger or pedestrian?

(b) Is anyone held responsible for the accident? Yes No

4. Have criminal proceedings been or will criminal proceedings be instituted? Yes No

(a) What was the charge?

(b) Who was charged?

(c) If verdict has been given, what was the verdict?

(d) Is there any suspicion or probability of family involvement in the death of the deceased? Yes No

