



CONFIRMATION OF NO SPOUSE AND / OR LIFE PARTNER

Industry Number of Deceased

Identity / Passport Number of Deceased

Estate Late

Title Initials Surname
 I,

Identity / Passport Number

Tel No Code Number

E-Mail

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 of Applicant

Date (YYYYMMDD)

Please send your application form and required documents to :
 Sentinel Retirement Fund,
 Post : P O Box 61172, Marshalltown, 2107, Fax : (011) 481-8111, E-mail : info@sentinel.za.com