

FUNERAL CLAIM FORM



To expedite your claim, kindly forward all claim documents listed below:

1. Copy of the official death certificate issued by the Department of Home Affairs.
2. Copy of the claimant/beneficiary's ID or smart card (certified copies of both sides of the card are required.)
3. Copy of the deceased's ID or smart card (certified copies of both sides of the card are required).
4. If the main member is deceased and not a South African Citizen, a passport and working visa permit are required.
5. A completed BI/DHA-1663 form (all 3 pages are required - when requested)
6. A completed BI/DHA-1680 form (if the deceased died at home)
7. Copy of the claimant's most recent stamped bank statement, showing banking details, not older than 3 months.

8. A Medical report for stillborn child.
9. A copy of the police report or accidental report if death was due to unnatural causes.
10. Official confirmation of registration as a full time student from a registered tertiary institution or medical report confirming disability of a dependent child, if the deceased assured life is between the ages of 22 (twenty two) and 26 (twenty six) years of age.
11. If the cause of death is natural and the deceased past away within the 6 months waiting period, proof that the deceased life assured was covered on another funeral policy with any other Licensed Insurer (as listed on the FSCA website) less than 31 days before the start of cover on this funeral cover policy and that previous policy is no longer covered.

Additional documentation may be requested to assess the claim.

Moeks Funeral Directors - 5025633

A. Details of Policyholder / Claimant / Beneficiary

Policyholder's Employer _____ Occupation _____
 Title Ms Initials G Gender Male Female
 Full names Griet Surname Tata
 Marital status Widow Nationality South African
 Date of birth 1944/07/22 ID/Passport number 440722 0477 080
 Country of birth South Africa Country of residence South Africa
 Email _____ Cell number _____
 Physical / Postal address 309 Springbok street, Grootdrink Code 8850
Groblershoop

Communication regarding the claim should take place with: Claimant Employer Broker

Source of funds with the following options:

- Grants - Disability/Social grant Allowance Allowance
 Passive Income (Rental, dividends and interest income) Savings/ Investments Business Income Inheritance/Gifts/Donations/Winings

Would you like us to update your existing policies with the details given above Yes No

B. Details of deceased

Title Ms Initials G Full names Griet
 Surname Tata Date of birth 1944/07/22
 ID/Passport number 440722 0477 080 Date of death 2024/11/22
 Relationship to claimant Aunt. Cause of death: Natural Accident Suicide

C. Settlement of benefit

Payable to: Full names Moeks Funeral Directors Surname _____
 Relationship Funeral Parlour Name of account holder Moeks Funeral Directors
 Name of bank FNB Account number 63026517095
 Branch name Upington Branch code 230604
 Account type Current (cheque) account Savings / transmission account Account / Other (Specify) _____

If the settlement of the benefit is being paid to a service provider please provide a bank statement not be older than three months or bank account confirmation letter.

D. Declaration by claimant / beneficiary - third party payments (To be completed if the benefit is payable to a third party)

I, the abovementioned claimant / beneficiary, acknowledge and accept that by signing this discharge form that the total and absolute liability of Safrican will be limited to payment of the insured amount claimed under the policy and that such payment will relieve Safrican of any further liability hereunder.

I, Sarah Swartz (Name & Surname) give authority to Safrican to pay the benefits to Moeks Funeral Directors (Recipient's name) in the amount of R 15 000.00 (Rand & cents)

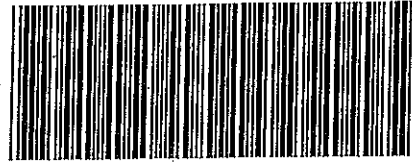


REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]



1663I461165

To be completed in full and submitted at the Department of Home Affairs office by the informant or authorised funeral undertaker. The form to be completed in BLACK INK with BLOCK LETTERS. Please mark with the CORRECT box, where required. All fields are COMPULSORY. Incomplete applications and applications that are not legible may be considered invalid. (Note: The fingerprints of the deceased, the informant and the undertaker must be taken by the undertaker)

A. PARTICULARS OF THE DECEASED

Instructions: Section A to be filled out by Authorised Medical Practitioner / Professional Nurse, who is responsible for examining the body to determine the cause of death. The Informant must verify, and where necessary, complete in full the personal particulars and other information of the deceased below.

1. Was this a death or a stillbirth? 1.1 Death 1.2 Stillbirth

2. Identification of the deceased (tick one box):

2.1 The deceased was identified with an ID document / passport (if foreigner) produced by the family

2.2 Stillborn child

2.3 The features of the deceased do not seem to match the features on the ID document or passport of deceased

2.4 ID document or passport of the deceased was not presented. The deceased was identified through word of mouth

2.5 The deceased was already buried prior to the completion of this form

2.6 The deceased was unidentifiable: 2.6.1 Burnt 2.6.2 Decomposed 2.6.3 Other (specify) _____

2.6.4 DNA samples retrieved for identification purposes 2.6.5 Dental records taken for identification purposes

3. Date of Death / stillbirth

2004 11 22

4.1 Place of Death/stillbirth (City/Town/Village)

GROOTDRINK LUPINGTON

4.2 Province of Death/stillbirth

NC

5. Place of Registration of Death / stillbirth

DR HARRY SMITSE HOSPITAL

6. If death occurred within 24 hours after birth, number of hours alive

7. Home telephone no.

8. Identity No. (Passport No. if foreigner)

4407220477080

9. Age at last birthday if DOB is unknown

80

10. Date of Birth if there is no ID number

1924 01 22

11. Gender

11.1 Male

11.2 Female

11.3 Indeterminable

12. Surname

TATA

13. Previous / Maiden Surname

14. Forenames

GRIET

15. Usual Residential Address: Street

SPANICBOK STRAAT 309 GROOTDRINK

Town

GROBLERSHOOP

Province

NC

Postal code

8850

16. Citizenship

RSA

16.1 Place of Birth (City / Town / Village) or Country of Birth, if abroad

OLIFANTSHOEK

16.2 Province of Birth

NC

17. Marital Status of the deceased

17.1 Single

17.2 Married

17.3 Widowed

17.4 Divorced

18. Education level of deceased, (Specify only the highest class completed)

None	Gr R	Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Gr 6	Gr 7	Gr 8 Form 1	Gr 9 Form 2	Gr 10 Form 3 NTC 1	Gr 11 Form 4 NTC 2	Gr 12 Form 5 NTC 3	Univ Tech	Un-Known
<input checked="" type="checkbox"/>															

(mark with a)

19. Usual occupation of deceased (type of work done during most of working life)

PENSIONER

20. Type of business / industry: (mark with a)

1. Agriculture, hunting, forestry and fishing	2. Mining and quarrying	3. Manufacturing	4. Electricity, gas and water supply	5. Construction	6. Wholesale and retail trade; repair of motor vehicles, motor cycles and personal and household goods; hotels and restaurants	7. Transport, storage and communication	8. Financial intermediation, insurance, real estate and business services	9. Community, social and personal services	10. Private households, extritorial organisations, representatives of foreign governments & other activities not adequately defined

1. Was the deceased a regular** smoker five years ago? (mark with a)

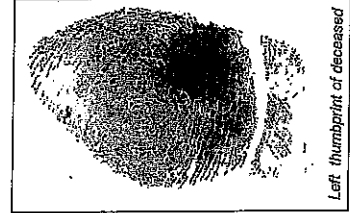
21.1 Yes

21.2 No

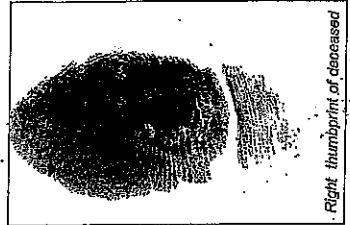
21.3 Do not know

21.4 Not applicable (minor)

Where the deceased lived on most days. **Smoking tobacco on most days.



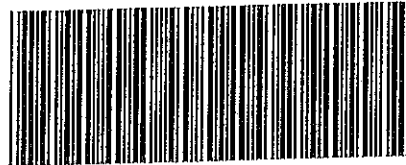
Left thumbprint of deceased



Right thumbprint of deceased



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS



16631461165

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]

To be completed in full and submitted at the Department of Home Affairs office by the informant or authorised funeral undertaker. The form to be completed in **BLACK INK** with **BLOCK LETTERS**. Please mark with the **CORRECT** box, where required. All fields are **COMPULSORY**. Incomplete applications and applications that are not legible may be considered invalid. (Note: The fingerprints of the deceased, the informant and the undertaker must be taken by the undertaker)

B. CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE

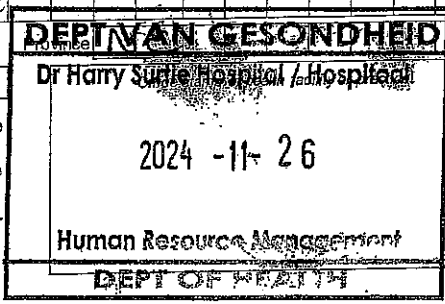
Instructions: Section B to be filled out by the same Medical Practitioner / Professional Nurse who completed Section A.

22.1 I, the undersigned, hereby certify that the deceased named in Section A, to the best of my knowledge and belief, died solely and exclusively due to Natural Causes
 22.2 I, the undersigned, am not in a position to certify that the deceased died exclusively due to Natural Causes

Particulars of the Medical Practitioner / Professional Nurse who filled out the form:

23. HPCSA Registration No. MP 0565512

24. Surname: Hendriks
25. Forenames: Hans
26. Name of Health Facility / Practice: Dr Harry Surie Hospital 27. Facility / Practice No. 5600278
28. Business Address: Street 179 TURNER STREET DB DIVE
Town UPINGTON
Telephone No. (Office) 0546329058 Postal Code 8801



I, the undersigned, hereby certify that I examined the body of the deceased named in section A and declare that the deceased, to the best of my knowledge and belief, died solely and exclusively due to natural or unnatural causes as indicated in paragraph 22 and in case this is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992).

Place signed Upington
Date signed 24 11 2024

Signature [Signature]

C. CERTIFICATE BY MEDICAL PRACTITIONER/ FORENSIC PATHOLOGIST

Instructions: Section C to be filled out by Medical Practitioner or Forensic Pathologist, who is conducting medico-legal investigation of death.

29. I, the undersigned, hereby certify that a medico-legal investigation of death has been conducted on the body of the person whose particulars are given in Section A and that the body is no longer required for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and the cause of death is:

30.1 Natural 30.2 Unnatural 30.3 Under investigation

31. Date of Post-mortem: Y Y Y Y M M D D
32. Name of Medico-legal Mortuary: _____
33. Mortuary No.: _____
34. Mortuary Reference Number of Deceased: _____
35. SARS Case No.: _____
36. Name of Police Station: _____
36.1 HPCSA Registration No.: _____

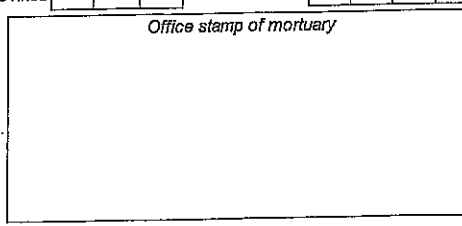
Particulars of the Medical Practitioner / Forensic Pathologist who filled out the form:

37. Surname: _____
38. Forenames: _____
39. Business Address: Street _____
Town _____ Province _____ Postal Code _____
Telephone No. (Office): _____

I, the undersigned, hereby certify that I examined the body of the deceased named in section A and the deceased, to the best of my knowledge and belief, died solely and exclusively due to natural or unnatural causes as indicated on paragraph 29 and in case this is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992.)

Place signed _____
Date signed Y Y Y Y M M D D

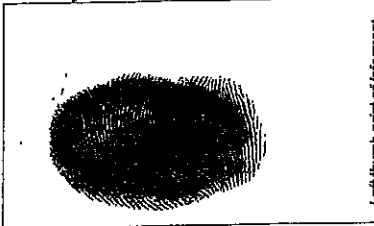
Signature _____



D. PARTICULARS OF INFORMANT

Instructions: Section D to be completed by informant. Informant is responsible for certifying the identity of the deceased.

40. Identity No. (Passport No. if foreigner) 8710070629080 41. Date of Birth 19871100
42. Citizenship: RSA
43. Surname: TATA
44. Forenames: TROOI, GETRUIDE
45. Residential Address: Street SPRINGBOK STR BO9 Grootebank
Town GROTEBANK Province NC Postal Code 8850
Telephone No. (Home) _____ Cellphone No. 0689368048



46. The Deceased is my: 46.1 Parent 46.2 Spouse 46.3 Child 46.4 Other, Specify _____
I, the undersigned, hereby certify that the identity of the deceased mentioned in section A is to the best of my knowledge and belief true and correct in case it is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992.)

Signature T. Tata

Date signed 20 11 2024

Upington

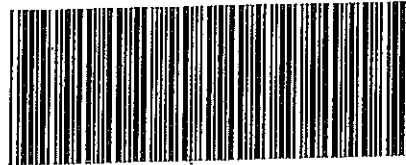


REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]



16631461165

To be completed in full and submitted at the Department of Home Affairs office by the informant or authorised funeral undertaker. The form to be completed in **BLACK INK** with **BLOCK LETTERS**. Please mark with the CORRECT box, where required. All fields are **COMPULSORY**. Incomplete applications and applications that are not legible may be considered invalid. (Note: The fingerprints of the deceased, the informant and the undertaker must be taken by the undertaker)

E. PARTICULARS OF FUNERAL UNDERTAKER

Instructions: Section E to be completed by Funeral Undertaker. The undertaker must take his or her finger print, the finger print of the deceased and the informant. Authorised Funeral Undertaker or Informant may submit the completed form to the nearest Home Affairs office.

47. Name of Funeral Parlour BATHO PELE HELPENDE HAND BO

48. DHA Designation No. UP1012011 49. Company Reg. No. 200721081425

50. SARS Reg. No. (Income tax reference no.) 4560232193

Details of Funeral Undertaker or Authorised Representative

51. Identity No. (Passport No. if foreigner) 61104105148086

52. Surname Adams

53. Forenames Ben Mtutuzele

54. Business Address Street 43 OUPA CLAASEN STR

Town UPINGTON

Province NORTHERN CAPE Postal Code 8801

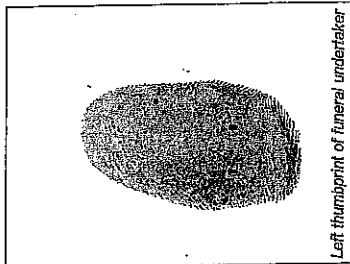
Telephone No. (Office) 0543393182 Cellphone No. 0711893950

55. Date of collection of corpse 20041122 56. Date of Cremation (if applicable) Y Y Y Y M M D D

57. Place of Burial (City / Town / Village) EROOTORINK Province NCP

58. Date of Burial 20041126 59. Grave No. (if available)

Place signed UPINGTON
Date signed 20041126 Signature [Signature]



Left thumbprint of funeral undertaker

Name of person who collected the deceased:

60. Identity No. (Passport No. if foreigner) 81102041030081

61. Surname VAN WYK

62. Forenames JOHANNA MELIËSEN

Place signed UPINGTON
63. Date signed 20041126 Signature [Signature]



F. FOR OFFICIAL USE ONLY

Registration of death approved, DHA-1663 received by (particulars of DHA official):

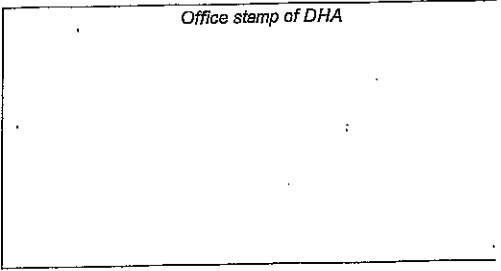
64. Surname

65. Forenames

66. Peral No.

Documents included with this notice: Copy of the deceased's ID Copy of ID document of the informant
 DHA - 6 (if applicable) DHA - 1680 (if applicable)
 Informant Funeral Undertaker

DHA-1663 was submitted by:





REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

Annexure 16
BURIAL ORDER
[Births and Deaths Registration Act 51 of 1992]



[Regulation 16]

The form to be completed in BLACK INK with BLOCK LETTERS. Please mark with the CORRECT box, where required by the HOME AFFAIRS OFFICIAL

Date of Issue: 2024 11 26
Serial number of DHA-1663: 11631461165
Bar-code number of DHA-1663: 11631461165

A. PARTICULARS OF DECEASED

Identity number: 4407122 0477 080
Date of birth: 1944 07 22
Date of death: 2024 11 22
Passport number (if foreigner):
Citizenship: RSA
Sex: FEMALE
Surname: NATA
Previous or Maiden surname:
Forenames: GRIET
Place of death: City/Town: GARDENS
Province: WC
Place of burial: City/Town: GARDENS
Province: WC
Cause of death: Natural Unnatural Under investigation

I CERTIFY THAT THIS IS A TRUE REPRODUCTION OF THE ORIGINAL DOCUMENT WHICH WAS HANDLED TO ME FOR AUTHENTICATION. I FURTHER CERTIFY THAT, FROM MY OBSERVATION, NO AMENDMENT OR CHANGE WAS MADE TO THE ORIGINAL DOCUMENT.
SIGNATURE: [Signature] 26/11/2024
REF NO: 9182 GORDON A
NAME IN PRINT: K I DELJAGER

B. AUTHORITY FOR BURIAL OF CORPSE

This certificate grants the authority for the burial of the corpse from the magisterial district in which the death occurred or the magisterial district where the burial will take place.

C. FOR OFFICIAL USE ONLY

Registration of death approved and burial order issued: DHA-1663 received by (particulars of DHA official):

Surname: [Signature]
Forenames: [Signature]
Persal No.: 20677774

DEPARTMENT OF HOME AFFAIRS
PRIVATE BAG X5885
2024 -11- 26
UPINGTON 8800
DR HARRY SURTIE HOSPITAL (03)

Documents included with this notice: Copy of the deceased's ID/passport Copy of ID document/passport of the informant Funeral Undertaker

DHA-1663 was submitted by: Informant
Identity Number of Recipient: 8711907 9629 9810

If Funeral Undertaker: Designation number: [Blank]
Signature of recipient: c T. Tata
Date received: 2024 11 26

A 3345



C1827115
DEPARTMENT HOME AFFAIRS
REPUBLIC OF SOUTH AFRICA

83/BI-5

PARTICULARS FROM THE POPULATION REGISTER I.R.O.:
**ABRIDGED
DEATH CERTIFICATE**

IDENTITY NUMBER: 440722 0477 08 0
SURNAME: TATA
FIRST NAMES: GRIET
DATE OF BIRTH: 1944-07-22
GENDER: FEMALE
MARITAL STATUS: WIDOW
DATE OF DEATH: 2024-11-22
PLACE OF DEATH: GROOTDRINK
CAUSE OF DEATH: NATURAL CAUSES

DATE OF ISSUE: 2024-11-26

ISSUED BY: YDC527

[Handwritten Signature]
DIRECTOR-GENERAL HOME AFFAIRS

DEPARTMENT OF HOME AFFAIRS
PRIVATE BAG X5885
2024-11-26
UPINGTON 8800
DR. HARRY SURTIE HOSPITAL (03)

I CERTIFY THAT THIS IS A TRUE REPRODUCTION
(COPY) OF THE ORIGINAL DOCUMENT WHICH WAS
HAND TO ME FOR AUTHENTICATION. I FURTHER
CERTIFY THAT FROM MY OBSERVATION, AN AMENDMENT
OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.
SIGNATURE: *[Signature]* 26/11/2024

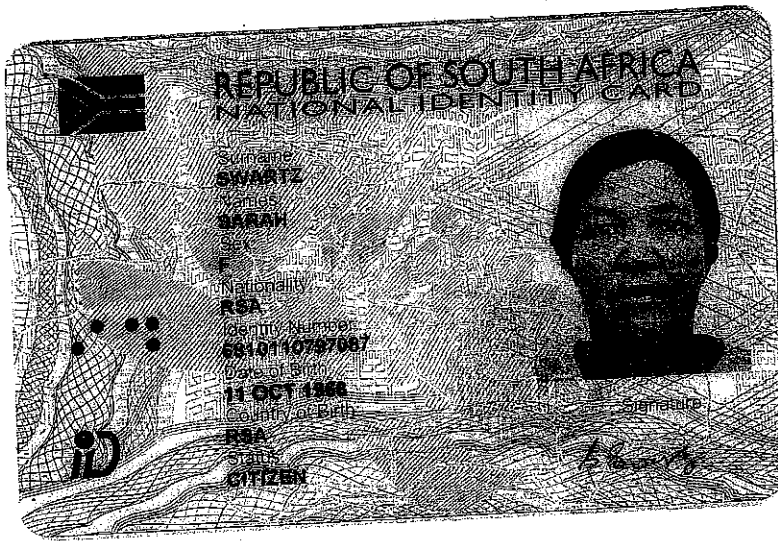
REF NO: 9182 GORDONIA
NAME IN PRINT: K I DE JAGER

Government Printing Works (012 304 4500)



I CERTIFY THAT THIS IS A TRUE REPRODUCTION
(COPY) OF THE ORIGINAL DOCUMENT WHICH WAS
HAND TO ME FOR AUTHENTICATION. I FURTHER
CERTIFY THAT FROM MY OBSERVATION, AN AMENDMENT
OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.
SIGNATURE: *K I De Jager* 26/11/2024

REF NO: 9182 GORDONIA
NAME IN PRINT: K I DE JAGER

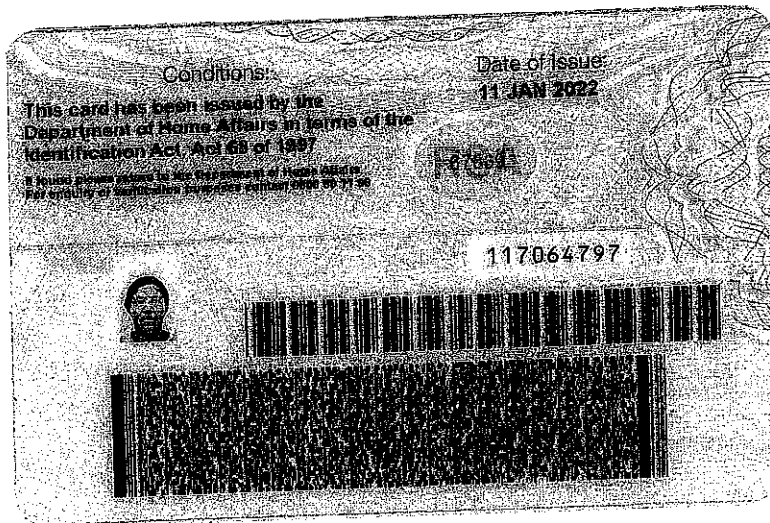


I CERTIFY THAT THIS IS A TRUE REPRODUCTION (COPY) OF THE ORIGINAL DOCUMENT WHICH WAS HANDED TO ME FOR AUTHENTICATION. I FURTHER CERTIFY THAT, FROM MY OBSERVATION, AN AMENDMENT OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

SIGNATURE: *[Signature]* 26/11/2024.

REF NO: 9182 GORDONIA

NAME IN PRINT: K I DE JAGER



NOTICE OF DEATH / STILLBIRTH

Confirmation for Medical and Health use Only

To be completed in full and submitted at the Department of Home Affairs office by the Informant or authorised funeral undertaker. The form to be completed in BLACK INK with BLOCK LETTERS. Please mark with [X] the CORRECT box, where required. All fields are COMPULSORY. Incomplete applications and applications that are not legible may be considered invalid. (Note: The fingerprints of the deceased, the Informant and the undertaker must be taken by the undertaker)



16631461165

FOLD TO THIS POINT

This page must be sealed after completion to ensure confidentiality

ID No. (Passport No. if foreigner) 4407220477080 File no 20063288 Date 26/11/24 DHA-1863 B Page 1 of 1

G. MEDICAL CERTIFICATE OF CAUSE OF DEATH

Instructions: Section G is to be filled out by Medical Practitioner / Professional Nurse / Forensic Pathologist, who has determined the cause of death

PARTICULARS OF DECEASED

67. Identity No. (Passport No. if foreigner) 4407220477080
68. Gender 68.1 Male [X] 68.2 Female [] 68.3 Indeterminable []
69. Surname TATA
70. Forenames GRJET
71. Population Group 71.1 African [] 71.2 White [] 71.3 Indian/Asian [] 71.4 Coloured [X] 71.5 Other (specify) []
72. Place of Death 72.1 Hospital/Inpatient [] 72.2 ER/Outpatient [] 72.3 DOA [] 72.4 Nursing Home [] 72.5 At home [X] 72.6 Other (specify) []
73. Name of Health Facility/Practice DR HARRO BUIE HOSPITAL
74. Facility Contact Telephone No. incl. Area Code 0510359048
75. Patient File No. 20063288
76. Contact Person at Facility: Surname MONGALE, Forenames GUARDS INVOLVED, Role/Rank SAIR

G.1 FOR DEATHS OCCURRING AFTER ONE WEEK OF BIRTH

Instructions: Section G.1 is to be completed for all deaths that occurred after one week of birth

77. CAUSES OF DEATH

Part 1 Enter the disease, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line
IMMEDIATE CAUSE (final disease or condition resulting in death)
a) Chronic Cardiac failure months
b) Asthma years
c)
d)
Part 2 Other significant conditions contributing to death but not resulting in underlying cause given in Part 1
78. If a female, was she pregnant at the time of death or up to 42 days prior to death? (X) 82.1 Yes 82.2 No
79. Method used to ascertain the cause of death (tick all that apply):
79.1 Autopsy [] 79.2 Post mortem examination [] 79.3 Opinion of attending medical practitioner [X] 79.4 Opinion of attending medical practitioner on duty []
79.5 Opinion of registered professional nurse [] 79.6 Interview of family member [] 79.7 Other (specify) []

G.2 FOR STILLBIRTHS AND DEATHS OCCURRING WITHIN ONE WEEK OF BIRTH (PERINATAL DEATHS)

Instructions: Section G.2 is to be completed for all stillbirths and deaths that occurred within one week of birth (perinatal deaths)

80. Identity Number []
81. Date of Birth Y Y Y M M D D
82. Age of last birthday/ DOB unknown []
83. Number of previous pregnancies resulting in: 83.1 Live births [] 83.2 Stillbirths [] 83.3 Abortions []
84. Outcome of last previous pregnancy (tick one): 84.1 Live birth [] 84.2 Stillbirth [] 84.3 Abortion []
85. Date of last previous delivery Y Y Y Y M M D D
86. First day of last menstrual period Y Y Y Y M M D D
87. Method of delivery: 87.1 Spontaneous [] 87.2 Forceps delivery [] 87.3 Forceps and rotation [] 87.4 Vacuum extractor [] 87.5 Caesarean section [] 87.6 Other (specify) []
88. Antenatal care two or more visits: 88.1 Yes [] 88.2 No [] 88.3 Unknown []
89. Type of death: 89.1 Stillbirth [] 89.2 Live birth []
90. Birth weight (in grams) []
91. This birth was: 91.1 Single birth [] 91.2 First twin [] 91.3 Second twin [] 91.4 Other multiple []
92. If still born, heartbeat ceased: 92.1 Before labour [] 92.2 During labour but before delivery [] 92.3 Before delivery but not known whether before or during labour []
93. If death occurred within 24 hours after birth, number of hours alive []
94. Attendant at birth: 94.1 Physician [] 94.2 Trained midwife [] 94.3 Other trained person (specify) [] 94.4 Other (specify) []

95. CAUSES OF DEATH

a. Main disease or conditions in foetus or infant
b. Other diseases or conditions in foetus or infant
c. Main maternal disease or condition affecting foetus or infant
d. Other maternal diseases or conditions affecting foetus or infant
e. Other relevant circumstances

96. Autopsy information (X)

96.1 Certified causes of death has been confirmed by autopsy [] 96.2 Autopsy information may be available later [] 96.3 Autopsy not performed []

FOLD TO THIS POINT

CLIFLINE

CLIFLINE

Main Account Statement

MRS SARAH SWARTZ
 11 HEUWEL STREET
 KAROS
 KAROS
 8801

Capitec Bank
 26/11/2024 10:20
 Branch: 470010
 Device:
 4110SSERV03



SkyQR   
 Validate this document using SkyQR

Tax Invoice

VAT Registration Number
 4680173723

Capitec Bank Limited

5 Neutron Road
 Techno Park
 Stellenbosch
 7600

From Date: 28/08/2024
 To Date: 26/11/2024
 Print Date: 26/11/2024

Account Number: 2002325479

Posting Date	Transaction Date	Description	Money In (R)	Money Out (R)	Balance (R)
					133.02
30/08/2024	30/08/2024	Payment Received: L Swartz	100.00		132.02
30/08/2024	30/08/2024	Card Purchase Insufficient Funds Fee: Hpy*talu Tuck Shop Upington Za		-1.00	131.02
30/08/2024	30/08/2024	Card Machine Balance Enquiry Fee		-0.70	130.32
30/08/2024	30/08/2024	SMS Notification Fee: 2 notification(s)	0.39		130.71
31/08/2024	31/08/2024	Interest Received		-7.50	123.21
31/08/2024	31/08/2024	Monthly Account Admin Fee		-101.00	22.21
02/09/2024	30/08/2024	Hpy*talu Tuck Shop Upington (Card 2608)	85.00		107.21
02/09/2024	02/09/2024	Payment Received: L Swartz		-1.00	106.21
02/09/2024	02/09/2024	Card Purchase Insufficient Funds Fee: S2s*srimon Shop Upington Za		-0.70	105.51
02/09/2024	02/09/2024	SMS Notification Fee: 2 notification(s)		-70.00	35.51
03/09/2024	02/09/2024	S2s*srimon Shop Upington (Card 2608)	178.00		213.51
07/09/2024	07/09/2024	Payment Received: L Swartz		-170.00	43.51
07/09/2024	07/09/2024	ATM Cash Withdrawal: Absa Shoprite Upington Upington Za		-10.00	33.51
07/09/2024	07/09/2024	ATM Cash Withdrawal Fee		-0.70	32.81
07/09/2024	07/09/2024	SMS Notification Fee: 2 notification(s)			1 532.81
13/09/2024	13/09/2024	Payment Received: L Swartz	1 500.00		1 532.46
13/09/2024	13/09/2024	SMS Notification Fee: 1 notification(s)		-1.00	1 531.46
14/09/2024	14/09/2024	Card Machine Balance Enquiry Fee			1 731.46
14/09/2024	14/09/2024	Payment Received: L Swartz	200.00		1 730.46
14/09/2024	14/09/2024	Card Purchase Insufficient Funds Fee: S2s*indian Spices Take Upington Za		-1.00	1 729.46
14/09/2024	14/09/2024	Card Purchase Insufficient Funds Fee: S2s*karos Superama Karos Za		-1.00	1 728.46
14/09/2024	14/09/2024	Card Machine Balance Enquiry Fee		-1.05	1 727.41
14/09/2024	14/09/2024	SMS Notification Fee: 4 notification(s)		-14.00	1 713.41
16/09/2024	14/09/2024	Karos Superama Grootdrink (Card 2608)		-182.45	1 530.96
16/09/2024	14/09/2024	Opi Draai Slaghuis Upington (Card 2608)			1 680.96
26/09/2024	26/09/2024	Payment Received: L Swartz	150.00		1 679.96
26/09/2024	26/09/2024	Card Machine Balance Enquiry Fee		-0.70	1 679.26
26/09/2024	26/09/2024	SMS Notification Fee: 2 notification(s)		-1 500.00	179.26
27/09/2024	14/09/2024	Card Purchase & Cashback (R552.09): Shoprite Upington (Card 2608)		-2.00	177.26
27/09/2024	27/09/2024	Till Cash Withdrawal Fee		-149.90	27.36
28/09/2024	26/09/2024	Hpy*talu Tuck Shop Upington (Card 2608)	1.79		29.15
30/09/2024	30/09/2024	Interest Received		-7.50	21.65
30/09/2024	30/09/2024	Monthly Account Admin Fee	1 500.00		1 521.65
17/10/2024	17/10/2024	Payment Received: L Swartz		-0.35	1 521.30
17/10/2024	17/10/2024	SMS Notification Fee: 1 notification(s)			