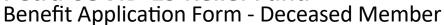
## Petra COVID-19 Relief Fund





Please fill out this form and submit a scanned copy of the completed form with a copy of the National ID stated on the form to care@petraonline.com or deliver a hard copy to the Petra office at No. 217 Airport West, Roman Ridge. Kindly note that benefits will be paid according to the deceased member's beneficiary instruction to PETRA prior to his/her demise.

Please complete all required fields (\*)

	aphical Data of the	* *					
Title	First name*	Middle Na	ame	Surname*			
Gende	r ale Femal	Petra ID e		Social Security Number/Petra ID*	٩		
Date o	f Birth(DD/MM/YYYY)	* Date of Death(I	DD/MM/YYYY)*	Address			
Natio	tional ID Number *		Nationa	I ID Type*			
E-mai	Address				1		
2. Bene	fit Information <i>(Ple</i>	ase tick the applicable bo	exes) 🔻				
	Was the deseaced officially tested for COVID-19?  Yes  No						
Killuly	Kindly provide the name of the hospital/testing facility						
What	What was the result of the COVID-19 test? Positive Negative						
What was the date of the test? (DD/MM/YYYY) Was the deseaced hospitalized? Yes No							
If you	If you answered Yes above, In which hospital?						
What	What was the date of hospitalization? (DD/MM/YYYY) What was the date of death? (DD/MM/YYYY)						
3. Beneficiaries Declaration ▼							
	<ul> <li>i. I/We certify that the information given in this application form is accurate and complete</li> <li>ii. I/We authorize PETRA to pay the benefits to the beneficiaries provided by the deceased customer prior to his/her demise</li> </ul>						
Perso	nal Details						
First N	ame*	Middle Name	Surname*	Relationship with Deceased			
Phone	Phone Number*  National ID Type*		Emai	address*			
Natio			Nation	al ID Number*			
_							
	Payment Details  Name of Bank  Account Name						
Name					٦		
Branch Account				nt Number			
Signat							
			Date (DD/MM/Y	YYY)			

## Petra COVID-19 Relief Fund



## Benefit Application Form - Deceased Member

Personal Details First Name*	Middle Name	Surname*	Relationship with Deceased				
Phone Number*		Email add	dress*				
National ID Type*		National I	ID Number*				
Payment Details							
Name of Bank		Account Name					
Branch		Account Number					
Signature/Thumbprint							
		Date (DD/MM/YYYY)					
1 Cardina / Naviana B	at all a						
	4. Guardian / Nominee Details   I declare that I am the legally appointed nominee of the beneficiary stated below and certify that the information given in this						
application forms accurate a	and complete	beneficiary stated below and	certify that the information given in this				
Personal Details First Name*	Middle News	Surname*	Dalationship with Daggered				
FIRST Name	Middle Name	Surname ·	Relationship with Deceased				
Phone Number*		Email add	ress*				
National ID Type*	National ID Type*		National ID Number*				
Payment Details							
Name of Bank			Account Name				
_							
Branch		Account Number					
Signature/Thumbprint							
		Date (DD/MM/YYYY)					
Please tick the appropri	iate box						
Primary evidence - (At least  Death Certificate  Certificate	cal Letters of						