

# Petra COVID-19 Relief Fund Benefit Application Form - Deceased Member



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](mailto: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 (\*)

## 1. Biographical Data of the Deceased ▼

Title	First name*	Middle Name	Surname*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	Petra ID	Social Security Number/Petra ID*	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>	
Date of Birth(DD/MM/YYYY)*	Date of Death(DD/MM/YYYY)*	Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
National ID Number *	National ID Type*		
<input type="text"/>	<input type="text"/>		
E-mail Address			
<input type="text"/>			

## 2. Benefit Information (Please tick the applicable boxes) ▼

Was the deceased officially tested for COVID-19?  Yes  No

Kindly provide the name of the hospital/testing facility

What was the result of the COVID-19 test?  Positive  Negative

What was the date of the test? (DD/MM/YYYY)  Was the deceased hospitalized?  Yes  No

If you answered Yes above, In which hospital?

What was the date of hospitalization? (DD/MM/YYYY)  What was the date of death? (DD/MM/YYYY)

## 3. Beneficiaries Declaration ▼

- I/We certify that the information given in this application form is accurate and complete
- I/We authorize PETRA to pay the benefits to the beneficiaries provided by the deceased customer prior to his/her demise

### Personal Details

First Name*	Middle Name	Surname*	Relationship with Deceased
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number*	Email address*		
<input type="text"/>	<input type="text"/>		
National ID Type*	National ID Number*		
<input type="text"/>	<input type="text"/>		

### Payment Details

Name of Bank	Account Name
<input type="text"/>	<input type="text"/>
Branch	Account Number
<input type="text"/>	<input type="text"/>
Signature/Thumbprint	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>

# Petra COVID-19 Relief Fund

## Benefit Application Form - Deceased Member



### Personal Details

First Name*	Middle Name	Surname*	Relationship with Deceased
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number*	Email address*		<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>
National ID Type*	National ID Number*		<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>

### Payment Details

Name of Bank	Account Name
<input type="text"/>	<input type="text"/>
Branch	Account Number
<input type="text"/>	<input type="text"/>
Signature/Thumbprint	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>

### 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 and complete

### Personal Details

First Name*	Middle Name	Surname*	Relationship with Deceased
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number*	Email address*		<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>
National ID Type*	National ID Number*		<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>

### Payment Details

Name of Bank	Account Name
<input type="text"/>	<input type="text"/>
Branch	Account Number
<input type="text"/>	<input type="text"/>
Signature/Thumbprint	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>

### Please tick the appropriate box

Primary evidence - (At least one)

- Death Certificate     Medical Certificate     Letters of Administration