Vodacom Deceased Account Claim Form



Please complete this form using block letters and email it to <u>deceased@vodacom.co.za</u>

MSISDN (Mobile Number)	Contract Cover Active	
1.	Yes No	
2.	Yes No	
3.	Yes No	
Details of the deceased customer		
First name/s		
Surname		
ID no / Passport no		
Next of kin details		
First name/s		
Surname		
Relationship Contac	t number	
E-mail address		
Estate details		
Contact name/s		
Surname		
Contact number		
E-mailaddress		
Action required		
Prepaid to Contract Conversion The following document	entation must accompany this claim form:	
	deceased customer's ID death certificate	
*Transfer of Ownership 3) Applicable Estate		
* Transfer of Ownership must only be selected in the event that the customer does not have "Contract Cover" activated		
I understand that I am fully bound by my conscience in making this statement and that any misrepresentation of the facts constitutes fraud.		
SIGNED:	DATE:	

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Preferred Method of Communication SMS	Email	\square	
	SMS		Details of communication method