DEATH CLAIM

PalawanPay

Filing Date							
M	M	D	D	Y	Y	Y	Y

DECEASED INFORMATION

Full Name (Last Name, First Name, Middle Name)	**Date of Birth (MM/DD/YYYY)**
Home Address	**Date of Death (MM/DD/YYYY)**
PalawanPay Registered Mobile Number	**Nature/Casue of Death**
Valid ID Presented	**ID Number**

CLAIMANT INFORMATION

Full Name (Last Name, First Name, Middle Name)	**Date of Birth (MM/DD/YYYY)**	
Home Address		**Age**
PalawanPay Registered Mobile Number (If any)	**Mobile Number**	
Valid ID Presented	**ID Number**	

Relationship to the Deceased ☐ Asawa ☐ Anak ☐ Magulang ☐ Lolo/Lola ☐ Apo ☐ Kapatid

☐ Others Ilagay ang Relasyon: at Rason: _____

Preferred Release Method

☐ Cashout Through Palawan Pawnshop Branch ☐ Transfer to PalawanPay Account (Same Name as Claimant)

I DO HEREBY CERTIFY THAT ABOVE INFORMATION GIVEN ARE TRUE AND CORRECT.

Claimant Printed Name _____

Signature _____

Date (MM/DD/YYYY) _____

Instruction:
Ipasa ang form na ito kasama ang mga sumusunod na documents:

1. Photocopy of Death Certificate
2. Photocopy of Deceased's Valid ID
3. Photocopy of Claimant's Valid ID
4. Proof of Relationship, any of the following:
Photocopy of Marriage Certificate (for spouse);
Birth Certificate of Deceased (for parent);
Child's Birth Certificate (for offspring);
Notarized Copy of Proof of Consanguinity or Affinity to the Deceased para sa mga kamag-anak na hindi first degree relative)

Matapos makumpleto ang Death Claim form, isubmit ang scanned copy sa *help@palawanpay.com* , at i-submit ang original copy sa pinakamalapit na branch ng Palawan Pawnshop