

BURIAL BENEVOLENT FUND CLAIM FORM

PART I – CONTRIBUTOR'S PARTICULARS

1. Name: _____ Tel. No.: _____
2. TSC/PF No.: _____ BBF No.: _____ Society M/No.: _____
3. Current station and address: _____
4. Date contributions commenced: _____

PART II – (i) PARTICULARS OF THE DECEASED

5. Name: _____ Age: _____
6. Date of death: _____ Place of death: _____
7. Home Address: _____ Town: _____ Code: _____
8. Name of Assistant Chief: _____
Address: _____ Town: _____ Code: _____

(ii) PARTICULARS OF THE CLAIMANT

9. Claimant's Name: _____ Tel.No.: _____
10. Address: _____ Town: _____ Code: _____
11. Relationship with contributor: _____
12. Claimant's Bank Acc.: _____ Bank: _____ Branch: _____

I hereby on execution of this form as the claimant explicitly and unambiguously consents to the collection, use and transfer, in electronic or other form, of my personal data as described in this document by the Sacco for the purposes of processing Burial Benevolent Fund Claim.

13. Claimant's Signature: _____ Date: _____

PART III – SUPPORTING DOCUMENTS REQUIRED AND ATTACHED

14. Certified copy of Death Certificate / Permit for Burial No.: _____
15. Birth Notification Form or Birth Certificate (for claims on own child) No.: _____
16. Radio announcement or Newspaper caption or Letter from Asst. Chief or Head of Institution
17. Any other document (specify): _____

PART IV – CLAIM CONFIRMATION (Confirmation must be by Mwalimu National Sacco Members)

18. I confirm that the claimant is known to me and that the death occurred as described in Part II (above) and I therefore recommend the payment.

I hereby on execution of this form as the witness explicitly and unambiguously consents to the collection, use and transfer, in electronic or other form, of my personal data as described in this document by the Sacco for the purposes of processing this Burial Benevolent Fund Claim, communication regarding this claim and for future analysis in electronic or any other form.

Name: _____	Name: _____
TSC/PF No.: _____ Mno.: _____	TSC/PF No.: _____ Mno.: _____
Signature: _____	Signature: _____
Tel. No. _____	Tel. No. _____

PART V – BRANCH ENDORSEMENT

19. I confirm that the claimant is a member of the branch and that death occurred as described above.

Branch: _____ Delegate Name: _____ Sign: _____ Date: _____

OFFICIAL USE:

Activated by: _____ Date: _____
Approved by: _____ Date: _____
Processed by: _____ Date: _____