

INSURANCE BBF CLAIM FORM

PART I – CONTRIBUTOR’S PARTICULARS

1. Name: _____ Tel No.: _____
2. TSC/PF No.: _____ Mno.: _____
3. Current station and address: _____

PART II – (i) PARTICULARS OF THE DECEASED

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

(ii) PARTICULARS OF THE CLAIMANT

8. Claimant’s Name: _____ Tel No: _____
Address: _____ Town: _____ Code: _____
Relationship with Contributor: _____
9. Claimant’s Bank A/c: _____ 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.

10. Claimant’s Signature: _____ Date: _____

PART III – SUPPORTING DOCUMENTS REQUIRED AND ATTACHED

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

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

15. 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: _____
TSC/PF No: _____ Mno. _____
SIGNATURE: _____
TEL. No. _____

NAME: _____
TSC/PF No: _____ Mno. _____
SIGNATURE: _____
TEL. No. _____

PART V – (BRANCH ENDORSEMENT (To be endorsed by the delegate of the Zone.

16. Name of the Branch: _____
confirm that the claimant is a member of the branch and that the death occurred as described in Part II and I therefore recommend the payment.

Name of Branch Official	Designation	Signature	Date
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PART VI - PREVIOUS CLAIM

17. Name of Deceased	Relationship	Amount (KShs)	Year
i. _____	_____	_____	_____
ii. _____	_____	_____	_____
iii. _____	_____	_____	_____
iv. _____	_____	_____	_____

PART VII – AUTHORITY (For official use only)

18. **Recommendation by Records Department.**

Amount (KShs.): _____
Name: _____
Signature: _____
Date: _____

Approved by Finance Department.

Amount claimed(KShs.): _____
Approved: _____
Signature: _____
Date: _____

PART VIII – PAYMENT (For official use only) FINANCE & STRATEGY DEPARTMENT

19. Voucher Prepared By: _____
Date: _____

Approved by: _____
Date: _____

