

Burial Benevolent Fund Claim Form

PART I – CONTRIBUTOR'S PARTICULARS

1. Name: _____ Tel No. _____
2. TSC/No: _____ BFF/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 A/c: _____ Bank : _____ Branch: _____
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 all 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 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

NAME: _____

NAME: _____

Tsc. : _____ No MNO: _____

Tsc. 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: _____