



UKRISTO NA UFANISI DT SACCO LTD

BENEVOLENT FUND CLAIM FORM

CLAIM NO:

PART 1: REQUIRED ATTACHMENTS

MEMBER	SPOUSE	CHILD
<ul style="list-style-type: none"> Duly filled benevolent fund claim form Deceased's original and copy of Burial Permit or Death Certificate from the registrar of persons 	<ul style="list-style-type: none"> Duly filled benevolent fund claim form Deceased's original and copy of Burial Permit or Death Certificate from the registrar of persons. Original and copy of national Identity Card/ surrender of ID certificate of the deceased 	<ul style="list-style-type: none"> Duly filled benevolent fund claim form Deceased's original and copy of Burial Permit or Death Certificate from the registrar of persons
<ul style="list-style-type: none"> Original and copy of national Identity Card/ surrender of ID certificate of the deceased 	<ul style="list-style-type: none"> Original and copy of marriage certificate or an affidavit for other form of marriage. 	<ul style="list-style-type: none"> Original and copy of birth certificate of a registered dependent
<ul style="list-style-type: none"> Original and copy of National Identity card of the named next of kin 	<ul style="list-style-type: none"> Original and copy of National Identity card of the principal Member 	<ul style="list-style-type: none"> Original and copy of National Identity card of the principal Member

PART 2: MEMBER DETAILS

Name of Member: _____

Member Number: _____

Member's ID Number: _____

Next of kin phone number: _____

Name of Deceased: _____

Date of Death: _____

Relationship to member (for beneficiaries): _____

PART 3: FOR MEMBERS' SAVINGS

S/No	TOTAL BOSA/FOSA DEPOSITS	DATE OF LAST DEPOST CONTRIBUTION	LAST AMOUNT OF DEPOSIT CONTRIBUTED	TOTAL SHARE CAPITAL CONTRIBUTION	BENEVOLENT FUND CONTRIBUTION
1.					

DECLARATION: I do hereby declare that I am of sound mind and the above information is true, and that I have not withheld any material information.

Name: _____ Date: _____

Signature: _____

PART 4: SACCO'S OFFICIAL CERTIFICATION (FOR ALL FORMS)

Total Amount Payable: ksh. _____ In Words: _____

Received by:

Name: _____ (Sacco Officer) Sign: _____ Date: _____

Verified by:

Name: _____ (Sacco Officer) Sign: _____ Date: _____

Authorized by:

Name: _____ (Sacco Officer) Sign: _____ Date: _____

Board Authorization:

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

NOTE

The Sacco will honor claims for members in good standing i.e. maximum of 1 (one) year dormancy on BOSA/FOSA minimum deposits contributions and will provide member personal statement (showing all benevolent fund and deposit contributions) to support the same.