

BURIAL BENEVOLENT FUNDS SCHEME CLAIM FORM:

To be completed in duplicate and addressed to the Manager, Elimu Sacco Society Ltd. P.O. BOX 10073-00100 Nairobi.

Member No:..... Pno:.....
Benevolent scheme membership No:.....

PART 1: PARTICULARS OF THE DECEASED.

a.) Surname:.....
Other Names:.....
Work Stations:
Address:
.....
Home Address:
.....

PART II: PARTICULARS OF CLAIMANT:

a.) Names:
ID Card No:
Address:
Relation to the Deceased:
b.) Name of the payee (If Not Contributor):
c.) Identity card No:
d.) Signature: Date

PART III: DOCUMENTS ATTACHED FOR CLAIM

- a.) Death certificate or Burial permit
Chief / Employers or authorized agent to certify at the back.
- b.) In the absence of the above, a local chief's letter dully signed and stamped to certify & confirm death.