



**HEAD OFFICE**  
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**BURIAL BENEVOLENT FUNDS SCHEME CLAIM FORM:**

THE GENERAL MANAGER,  
 ELIMU SACCO LTD  
 P. O. BOX 10073,00100  
 NAIROBI

Member No..... Pno.....

TSC No: .....

**PART 1: PARTICULARS OF THE DECEASED.**

- a.) Surname.....
- Other Names.....
- Work Station. ....
- Address: .....
- Home Address .....
- Next of Kin.....

**PART 11: PARTICULARS OF CLAIMANT:**

- a.) Names:.....
- ID Card No:.....
- TEL No.....Email Address.....
- Address:.....
- Relation to the Deceased:.....
- b.) Name of the payee (If Not Contributor):.....
- c.) Identity card No.....
- d.) Dependants
  - i).....
  - ii).....
  - iii).....
- e.) Signature: ..... Date.....

**PART 111: 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.