

ASILI SACCO SOCIETY LTD.
P.O. BOX 49064-00100
NAIROBI.

BURIAL BENOVELENT FUND CLAIM FORM.

1. MEMBER'S DETAILS.

NAME:.....
(In full as it appears in the ID)

EST/PF NO..... ID NO.....

EMPLOYER/MINISTRY.....STATION/BRANCH.....

NAME OF NEXT OF KIN..... ID NO.....

DATE DEDUCTION STARTED.....

DATE MEMBERSHIP CEASED.....

TOTAL CONTRIBUTION TO DATE.....

SIGNATURE..... DATE.....
(CLERK/BOOKKEEPER)

2. The member qualifies/does not qualify for Kshs.....

Amount in Words.....

Does not qualify: Reasons:.....

.....

.....

Signature..... Date.....
ACCOUNTANT

3. Authorized by..... Date.....
MANAGER

NB: Claims Requirements:

- i) Death Certificate/Burial permit – The originals will be returned to the next of kin after certifying photocopies.*
- ii) Copy of ID (Deceased and next of Kin)*

