

# ASILI SACCO SOCIETY LTD.

P.O. BOX 49064-00100 NAIROBI.

## BURIAL BENOVELENT FUND CLAIM FORM.

### 1. MEMBER'S DETAILS.

NAME	
CONTACT	ID
EST	COUNTY

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

**i) BBF claim for: (Tick)**

Self

Spouse

Child

**ii) If self BBF: -**

NAME OF NEXT OF KIN		
CONTACT		
ID NO	SIGN	DATE

**iii) If Spouse BBF: -**

NAME	
ID NO	PHONE NO

**iv) If Child BBF: -**

NAME	
ID NO	PHONE NO

TOTAL CONTRIBUTION TO DATE.....

APPLICANTS SIGNATURE.....DATE.....

**NB: Claims Requirements:**

- i) Note that all the spouse and children details, i.e. affidavit, Birth certificates should have been provided earlier before death.*
- ii) Death Certificate/Burial permit – The originals will be returned to the next of kin after certifying photocopies.*
- iii) Copy of ID (Deceased and next of Kin)*

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OFFICIAL USE:	Name	Sign	Date
Received by .....	.....	.....	.....
Verified by .....	.....	.....	.....
Approved by .....	.....	.....	.....