



ASILI SACCO SOCIETY LIMITED

Asili coop centre, Lower Ngara Road.Opp.Arya Boys Secondary School.

P.O Box 49064-00100 Nairobi Mobile: 0722472823/0733472823/0730785500/0730785555

Email:asilisacco@yahoo.com/infor@asilisacco.coop :Website:http://www.asilisacco.coop

Customer Care WhatsApp No.0729875784

BURIAL BENOVELENT FUND CLAIM FORM

A. CLAIMS REQUIREMENTS

- i. Duly completed BBF claim form
- ii. Original Death certificate/copy of Burial permit certified by the issuing authority.
- iii. Police abstract in case of unnatural death.
- iv. Copy of ID of the Deceased and the Beneficiaries
- v. Copy of birth certificate in case of a child or marriage affidavit in case of spouse.
- vi. Must be an active member of the Sacco by contributing monthly towards the BBF fund.
- vii. All the spouse and children details, i.e affidavit, Birth certificates should have been declared earlier before death.

B. MEMBER'S DETAILS.

NAME:	
CONTACT	ID NUMBER
EST NO	COUNTY

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

i. BBF claim for:(Tick)

Member ☐

Spouse ☐

Child ☐

ii. If member: -

NAME OF THE MEMBER.		
CONTACT		
ID NUMBER	SIGN	DATE
CAUSE OF DEATH		
DATE OF JOINING THE SACCO		

iii. If spouse BBF: - *Our Sacco, Our Future*

NAME OF THE SPOUSE		
CONTACT		
CAUSE OF DEATH		
ID NUMBER	SIGN	DATE

iv. If a Child below 25 years of age BBF:

NAME OF THE CHILD		
DATE OF BIRTH		AGE
CAUSE OF DEATH		
ID NUMBER	SIGN	DATE

Note: Where copies of the documents are to be provided, the same must be clear, legible and certified.

I hereby declare that all the information provided is true. I agree to abide by the Society's By-laws, any other rules and regulations applicable. Engaging in any form of fraud is punishable by law. I am further willing to provide my personal information and consent to its use as prescribed in the Asili Sacco Data Protection Policy (The policy is available on our website: www.asilisacco.coop and in our offices).

APPLICANT NAME:SIGNATURE.....DATE.....

C. OFFICIAL USE

Received by: SignatureDate.....

Verified by: Signature Date.....

D. CREDIT SECTION

Total contribution to date-Kes:.....

Processed by: Signature Date.....

Approved by: Signature Date.....