



**KENCREAM SAVINGS & CREDIT CO-OPERATIVE SOCIETY LIMITED
BENEVOLENT FUND CLAIM FORM**

Date.....

MEMBER NAME:

.....
(First Name) (Middle Name) (Last Name)

NAME OF DECEASED:

.....
(First Name) (Middle Name) (Last Name)

RELATIONSHIP TO THE MEMBER.....

M.NO.....PAYROLL NO.....ID NO..... LOCATION

ACKNOWLEDGEMENT

I declare that the foregoing particulars are true to the best of my knowledge.

Signature_____ Date_____

Requirements.

1. Original Burial permit.
2. Copy of the Identity Card

BRANCH OFFICIALS

CHAIRMAN :NAME.....SIGN.....DATE.....

SECRETARY : NAME.....SIGN.....DATE.....

MEMBER : NAME.....SIGN.....DATE.....

OFFICIAL USE ONLY

Approved/Disapproved (tick)

Because_____

Sign_____ Date_____

Payment voucher No_____Cheque No._____

