

Balozi Co-operative Savings and Credit Society Ltd.



Golf View Suites, 3rd Floor, Wambui road - Muthaiga off Kiambu/Thika road
P.O. Box 11539 – 00400, Nairobi, Kenya.
Tel: 020-2211600 Cell: 0720-833326/0733-967707
Email: info@balozicoop.com Website: www.balozisacco.com

Invest in secure hands

BENEVOLENT FUND CLAIM FORM

(A) DETAILS OF CLAIMANT

Surname: Other Names:
Member No:..... Payroll No:
Current address:..... ID Card No:.....
Mobile No:.....
Applicant's Signature:..... Date of claim:.....

(B) DETAILS OF DECEASED

Full Name:.....
Relation to the claimant:..... ID Card No:.....
Current Permanent Address:.....

I hereby give irrevocable authority to the Society to disburse the amount claimed to my account through EFT as follows:

Account Name:
Bank Name:..... Branch:
Bank Account No:
Applicant's Signature:..... Date:.....

FOR OFFICIAL USE ONLY

Prepared By: _____ Sign: _____ Date: _____

Examined and
Verified By: _____ Sign: _____ Date: _____

Approved By: _____ Sign: _____ Date: _____