

Balozi Co-operative Savings and Credit Society Ltd.



Golf View Suites, 3rd Floor, Wambui road - Muthaiga off Kiambu/Thika road.

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BENEVOLENT FUND CLAIM FORM

PART A: DECLARATION

I hereby on execution of this form as the claimant explicitly and unambiguously consent to the collection, use and transfer, in electronic or other form, of my personal data as described in this document by the Sacco for the purposes of processing this Burial Benevolent Fund Claim, communication regarding this claim and for future analysis in electronic or any other form.

❖ **Supporting documents: Copy of Death certificate / Burial permit / Death notification No** _____

Claimant's Signature _____ Date _____

PART B: CONTRIBUTORS DETAIL

Member Number: _____

Full Name _____

ID/Passport No _____ Agency/Employer _____ Date of Birth _____

Mobile Number _____ E-mail _____

PART C: DECEASED DETAILS

Full Name _____ Relationship to the Member _____

ID/Passport No _____ Age _____

Date of death _____ Place of death _____

PART D: PARTICULARS OF THE CLAIMANT

Full Name _____ Relationship to the Deceased _____

ID/Passport No _____ Agency/Employer _____ Date of Birth _____

Mobile Number _____ E-mail _____

PART E: THE CLAIMANT PAYMENT DETAILS

I hereby give irrevocable authority to the Society to disburse the amount claimed to me through Bank or M-Pesa as follows:

M-Pesa Phone No _____ M-Pesa Name _____

OR

Bank A/c No _____ Bank _____ Branch _____

Claimant's Signature _____ Date _____

Part F: OFFICIAL USE

Claim Type: Member / Spouse / Parent / Child _____ **Amount Ksh** _____

	Name	Designation	Signature	Date
Processed By:	_____	_____	_____	_____
Reviewed By:	_____	_____	_____	_____
Approved By:	_____	_____	_____	_____