



## Benevolent Fund Claim Form

**Note: This is a fillable form. Submit duly completed and signed form to [info@balozisacco.com](mailto:info@balozisacco.com) or drop it at our office**

### 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:  | _____ | _____       | _____     | _____ |