



GLOHA SACCO PO BOX 8074-00200 NAIROBI, Email: info@gloha-sacco.co.ke website: gloha-sacco.co.ke
 Contact: 0726228004, 0720578278.

BENEVOLENT FUND CLAIM FORM.

PART A

1. TO BE COMPLETED BY THE CLAIMANT/CONTRIBUTOR.

Full names of the contributor:.....

M/NO.....Telephone Number.....

I.D NO..... Branch.....

2. PARTICULARS OF THE DECEASED:

Name of the deceased:.....

National I.D card No:.....Date of Birth.....

Relationship:.....

I certify that the information given above is correct to the best of my knowledge.

Name of Claimant:.....Sign:.....M/No:.....

Witness By:.....Sign:.....ID No:.....

Date:.....

PART B

1. FOR OFFICIAL USE ONLY

Verification By: Registry Officer	
a) Date of Joining the Scheme:	(indicate)___/___/_____
b) Mode of Contribution	Via Direct Debit Payroll <input type="checkbox"/> <input type="checkbox"/> <i>(tick as appropriate)</i>
c) Aggregate contributions for the last 6 Months	Kes: _____

APPLICANT'S SIGNATURE.....DATE.....

I certify that the information provided by the claimant is sufficient for the purpose of processing settlement of the said claim. *Attached are copies of the identity card for the deceased and original death notification certificate or burial permit.

Registration Officer:.....Signature.....Date:.....

Head of Finance.....Signature.....Date:.....

PART C

1. APPROVAL BY THE CREDIT COMMITTEE.

We have today examined the above claim in conjunction with policy guidelines and decided as follows;

Disburse the approved amount shs.....Amount in words
(.....) to the appointed nominee on account
of **GLOHA SACCO LTD BENOVELENT ACCOUNT.**

Credit Committee Minute No.....Date.....

.....
Chairman Credit

.....
Secretary

.....
Executive Chairman

Checklist:

1. Are the listed documents attached: -
- A copy of your death notification or burial permit
 - A copy of National ID(if deceased 18 year and over)
 - Bank Account details/instruction form
 - Others (specify)

APPLICANT'S SIGNATURE.....DATE.....