

WELFARE CLAIM FORM

Fill in the form in BLOCK letters and attach the following:

- ☐ Copy of claimant I.D./Valid Passport
- ☐ Copy of deceased I.D./Valid passport
- ☐ Copy of Death notification or Burial Permit

a. Details of Claimant:

Surname: Other Names:
Current Address: Membership Number:
Organization: Email Address:
Cell Phone Number: Other Contacts:
Signature: I.D. Number Date:

b. Details of Deceased as per SACCO records & Death notification:

Name:
Relationship to the claimant Cause of Death:
Date of Birth: ID No: Date of Death:

c. For Official Use

Amount Claimed
Payments received by ID No
Phone Date Signature
Name of Sacco Officer confirming details
Signature & Stamp Date

Note: Claims are only payable to active accounts and as per claimant details in the welfare registration form.