



**BURIAL & BENEVOLENT FUND CLAIM FORM**

(False Claims Will Lead to Prosecution)

**PART I-CONTRIBUTOR'S PARTICULARS**

1. Name \_\_\_\_\_ Tel. No \_\_\_\_\_

2. HR No \_\_\_\_\_ BBF No \_\_\_\_\_ UBORA M No \_\_\_\_\_

3. Employer \_\_\_\_\_ Station: \_\_\_\_\_

Address \_\_\_\_\_

4. Date of Membership \_\_\_\_\_

**PART II - (i) PARTICULARS OF THE DECEASED**

5. Name \_\_\_\_\_ Age \_\_\_\_\_

6. Date of death \_\_\_\_\_ Place of death \_\_\_\_\_

7. Home Address \_\_\_\_\_ Town \_\_\_\_\_ Code \_\_\_\_\_

**(ii) PARTICULARS OF THE CLAIMANT**

9. Claimant's Name \_\_\_\_\_ Tel No. \_\_\_\_\_

10. Address \_\_\_\_\_ Town \_\_\_\_\_

11. Relations with Contributor \_\_\_\_\_

12. Claimant's Bank A/c No \_\_\_\_\_

Bank \_\_\_\_\_ Branch \_\_\_\_\_

13. Claimant's Signature \_\_\_\_\_ Date \_\_\_\_\_



**PART III – SUPPORTING DOCUMENTS REQUIRED AND ATTACHED**

14. Certified copy of Death Certificate/Permit for Burial No. \_\_\_\_\_

15. Birth Notification form/ Birth Certificate (for all claims on own child) No \_\_\_\_\_

16. Radio announcement or Newspaper caption or letter from Asst. Chief or Head of institution

**PART IV-CLAIM CONFIRMATION (Confirmation must be by Ubora Sacco Members)**

17. I confirm that the claimant is known to me and the death occurred as described in Part 2 (above) and therefore recommend the payment.

Name \_\_\_\_\_

Name \_\_\_\_\_

HR No. \_\_\_\_\_ MNO \_\_\_\_\_

HR No. \_\_\_\_\_ MNO \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Tel. No. \_\_\_\_\_

Tel. No. \_\_\_\_\_

**PART V- BRANCH ENDORSEMENT (To be endorsed by the Regional Representative (where the claims is to be processed and paid at a Regional office)**

18. Name of the Region \_\_\_\_\_

I confirm that the claimant is a member of the BBF and a staff member in the region and that the death occurred as described in Part 2 and therefore recommend the payment.

_____	_____	_____	_____
Name of Branch official	Designation	Signature	Date



**PART VI- PREVIOUS BBF CLAIM(S)**

19.	Name of deceased	Relationship	Amount (ksh)	Year
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____

**PART VII - AUTHORITY (For official use only)**

**20. Recommendation**

Amount Recommended (ksh) \_\_\_\_\_ Amount Approved (ksh) \_\_\_\_\_  
Name \_\_\_\_\_ Name \_\_\_\_\_  
Signature \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_ Date \_\_\_\_\_

**PART VIII- PAYMENT (For official use only) HEAD OFFICE/UBORA BRANCH OFFICE**

21. Cheque No. \_\_\_\_\_ Amount \_\_\_\_\_  
Date of cheque \_\_\_\_\_ Postage Reg. No. \_\_\_\_\_  
Prepared by \_\_\_\_\_

\*Note: Filling Parts 1 to IV is mandatory and must be completed in full. All claims **MUST** be confirmed by two Uboras Sacco members in part IV