



RISK MANAGEMENT FUND CLAIM FORM

SECTION A : PARTICULARS OF THE MEMBER

NAME OF MEMBER : _____ MEMBER NO :

NATIONAL IDENTITY CARD NUMBER : _____

SECTION B : PARTICULARS OF THE DECEASED PERSON

MEMBER :

NON- MEMBER :

NAME OF DECEASED : _____

NATIONAL IDENTITY CARD NUMBER : _____

DATE OF DEATH : _____

YOUR RELATIONSHIP TO THE DECEASED : _____

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

SIGNATURE _____ DATE _____

WITNESS _____

NOTES : (1) Provide a copy of the deceased's identity card, original death notification or burial permit

(2) This claim to be submitted to the manager within 3 months from date of death

(3) Letter from the Local Administrator / Chief

SECTION C : (TO BE COMPLETED BY THE CLAIMANT)

NAME OF CLAIMANT : _____

IDENTITY CARD NUMBER : _____

ADDRESS : _____

TELEPHONE NUMBER : _____

SECTION D : MANAGER (FOR OFFICIAL USE)

We have today _____ (date) considered this claim in conjunction with the above comments and have approved the claim. Authority is hereby granted to the Manager to draw a cheque

of Kshs _____ Payable to _____

Processed by _____ Date _____
(Name and signature)

Signed _____ Date _____
(Manager)