



UKOMBOZI SACCO LTD

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Website: www.ukombozisacco.com

Together for a brighter future

BENOVELENT CLAIM FORM.

DECEASED DETAILS (Fill in the applicable section)

Principal Member

Members' Name: _____

ID No. /Passport No: _____

Date of Death: _____

Spouse

Spouses' Name: _____

Husband/Wife to: _____

ID No. /Passport No: _____

Date of Death: _____

Child

Childs' Name: _____

Principal Member Registration No: _____

Relationship with Principal Member: _____

ID/Birth certificate/Notification/ Passport No: _____

Date of Birth: _____

Date of Death: _____

Claimant's Details.

Claimant Name: _____

Claimant Address: _____

Claimant Tel: _____ ID No. / Passport No: _____

Relationship with Deceased: _____

Permanent place of stay: _____

Claimant's Bank Account details:

Name: _____

Bank: _____ Branch: _____

Account No: _____

Declaration:

I hereby undertake that information and attached statements are true and complete to the best of my knowledge:

Full Name: _____

Date: _____ **Signature:** _____

OFFICIAL USE ONLY

Attach the following documents. (Tick if provided)

- a) An original and copy of Burial Permit.
- b) An original and copy of Marriage Certificate or an affidavit for other form of marriage
- c) An original and copy of Birth certificate/Notification- below 18 years;

DATE RECEIVED:

BRANCH:

RECEIVING OFFICER:

SIGN:

VERIFIED BY;

CLAIM NO:

APPROVED BY:

AMOUNT (Kshs):

CHEQUE NO:

CHEQUE DATE:

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Nairobi Office	Mombasa Office	Eldoret Office	Kitengela Office	Karatina Office	Nkubu Office	Kisii Office	Kisumu Office	O. Rongai Office
0719 312 309	0716 130 883	0729 287 451	0748 080 119	0748 080 086	0719 834 321	0716 130 884	0719 772 099	0726 498 199
0782 301 313	0782 601 188	0782 850 884	0782 301 118	0782 605 508	0782 601 015	0782 601 415	0782 599 822	0782 601 010