



**BUNISTA SACCO SOCIETY LTD**

**BENEVOLENT DECLARATION/ CLAIM FORM**

CONTRIBUTOR'S NAME \_\_\_\_\_

M/NO. \_\_\_\_\_ P/F NO. \_\_\_\_\_ ID NO. \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

TEL. / MOBILE NO. \_\_\_\_\_

DECEASED NAME \_\_\_\_\_ OF

\_\_\_\_\_ SUB-LOCATION \_\_\_\_\_ SUB-COUNTY

RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_

DATE OF DEATH \_\_\_\_\_

I \_\_\_\_\_ do hereby declare that the named

\_\_\_\_\_ next of kin/contributor passed on at

\_\_\_\_\_ Village/ hospital.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**ATTACH YOUR LATEST PAYSLIP, A COPY OF NATIONAL ID CARD AND ANY OF THE FOLLOWING:**

1. Burial Permit
2. Death Certificate

**FOR OFFICIAL USE ONLY**

1. Last deductions to BBF as per payslip Kshs. \_\_\_\_\_ Month \_\_\_\_\_ 20 \_\_\_\_
2. Has the member contributed for over six months?
3. Was he/she mentioned in the declaration form?
4. Amount of benefit to be paid as per BBF By-laws, Article 4 (b) Kshs. \_\_\_\_\_

PREPARED BY: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ACCOUNTS ASSISTANT

CHECKED: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

INTERNAL AUDITOR

**APPROVED BY:**

BBF COMM. CHAIRMAN \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

BBF COMM. SECRETARY \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

BBF COMM. MEMBER \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_