



P. O. BOX 44071, 00100, NAIROBI TEL. +254 020 2785000
 Email: info@apstarsacco.coop Website: www.apstarsacco.coop

BENEVOLENT CLAIM FORM

(Attach copies ID card and most recent payslip)

PART 1 - MEMBER'S DETAILS

Member's Name.....P/No.....

Employer ID No.....

Mobile No.....Email address.....

Postal Address Code.....

PART 11: PARTICULARS OF THE DECEASED

NAME..... ID/NO.....

(TICK WHERE APPLICABLE BELOW)

(ATTACH A COPY OF ID / BIRTH CERTIFICATE FOR THE CHILD)

MEMBER

SPOUSE

CHILD

DIED ON AT

(DATE)

(PLACE)

PART 111: PARTICULARS OF THE CLAIMANT (ATTACH A COPY OF YOUR ID CARD)

NAME ID/NO.....

Relation to the deceased.....

Amount claimed: Kshs.(in words).....

Please release the Benevolent Fund money to us to prepare for the funeral of the deceased.

Signed.....

Date

Tel No.....

PART 1V: PAYEE CERTIFICATION:BY BRANCH OFFICIALS OF.....BRANCH

I hereby confirm that the claimant is the family nominee to receive the benevolent cash, we further confirm that payment have/have not been made here at the branch and no other claim has been lodged.

1. Chairman.....Sign.....ID/NO.....Date.....

2. Secretary.....Sign.....ID/NO.....Date.....



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3. Treasurer.....Sign.....ID/NO.....Date.....

PART V: DEATH CERTIFICATION: (By Employer)

I confirm that Dr./Mr./Mrs./Miss Designation

ID/NO..... P/NO..... Died on

Name

Designation

Signature..... Date.....

OFFICIAL STAMP

OFFICIAL USE ONLY

PART V1: BENEVOLENT FUND SECTION

REQUISITION NO.

Date joined.....Latest remittance by employer.....
(MONTH/YEAR)

Eligible /Not Eligible.....Remarks.....

Prepared by: Sign..... Date.....

Verified by: Sign Date.....

PART V11: PAYMENT DETAILS:

CHEQUE WRITING SECTION

PV No.....Cheque No..... Amount Kshs.....Date.....

Paid through FOSA A/C No.....ID No.....

Prepared by:.....SignDate.....

DISPATCH SECTION

Cheque received by/sent by: Name.....

Signature ID NO. DATE.....