



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

BENEVOLENT FUND FUNERAL EXPENSE CLAIM FORM

PART 1 - MEMBER'S DETAILS (Attach copies ID card and most recent payslip)

Member's Name..... P/No.....
 Employer ID No.....
 Mobile No.....Email address.....
 Postal Address Code.....

PART 11: PARTICULARS OF THE DECEASED (Attach a Copy of ID / Birth Certificate for the child)

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

(TICK WHERE APPLICABLE BELOW)

MEMBER SPOUSE CHILD

DIED ON AT

(DATE) (PLACE)

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

NAME ID/NO.....Relationship(to the deceased).....

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

Please pay the Funeral Expense Funds to the Bank Account Details provided (Attach Details).

Signed.....DateTel No.....(Mandatory)

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

I/We hereby confirm that the claimant is the family nominee to receive the Funeral expense .

1. Chairman.....Sign.....ID/NO.....Date.....
2. Secretary..... Sign.....ID/NO.....Date.....
3. Treasurer.....Sign.....ID/NO.....Date.....



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PART V: DEATH CERTIFICATION: (By Employer)

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

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

Name of Officer Certifying.....

OFFICIAL STAMP

Designation/Position

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

OFFICIAL USE ONLY

PART V1: BENEVOLENT FUND SECTION

REQUISITION NO.....

Date Joined (If after April 2011).....Latest remittance by employer.....

(Month/Year)

Confirmation of Declaration

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

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

Verified by:SignDate.....

PART V11: ACCOUNTS SECTION (PAYMENT DETAILS):

In case of a Principal Member

PV No.....Bank Ref No.....Amount Kshs.....Date.....

In case of a Dependant

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

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

Approved by:.....SignDate.....

Date paid/posted.....