



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 _____