

# USBF/03

## BURIAL & BENEVOLENT FUND CLAIM FORM

(False Claims Will Lead to Prosecution)

### PART I-CONTRIBUTOR'S PARTICULARS

1. Name \_\_\_\_\_ Tel. No \_\_\_\_\_
2. HR No \_\_\_\_\_ BBF No \_\_\_\_\_ UBORA M No \_\_\_\_\_
3. Employer \_\_\_\_\_ Station: \_\_\_\_\_  
Address \_\_\_\_\_
4. Date of Membership \_\_\_\_\_

### PART II - (i) PARTICULARS OF THE DECEASED

5. Name \_\_\_\_\_ Age \_\_\_\_\_
6. Date of death \_\_\_\_\_ Place of death \_\_\_\_\_
7. Home Address \_\_\_\_\_ Town \_\_\_\_\_ Code \_\_\_\_\_

### (ii) PARTICULARS OF THE CLAIMANT

9. Claimant's Name \_\_\_\_\_ Tel No. \_\_\_\_\_
10. Address \_\_\_\_\_ Town \_\_\_\_\_
11. Relations with Contributor \_\_\_\_\_
12. Claimant's Bank A/c No \_\_\_\_\_  
Bank \_\_\_\_\_ Branch \_\_\_\_\_
13. Claimant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART III – SUPPORTING DOCUMENTS REQUIRED AND ATTACHED**

- 14. Certified copy of Death Certificate/Permit for Burial No. \_\_\_\_\_
- 15. Birth Notification form/ Birth Certificate (for all claims on own child) No\_\_\_\_\_
- 16. Radio announcement or Newspaper caption or letter from Asst. Chief or Head of institution

**PART IV-CLAIM CONFIRMATION (Confirmation must be by Uborra Sacco Members)**

17. I confirm that the claimant is known to me and the death occurred as described in Part 2 (above) and therefore recommend the payment.

Name _____	Name _____
HR No. _____ MNO _____	HR No. _____ MNO _____
Signature _____	Signature _____
Tel. No. _____	Tel. No. _____

**PART V- BRANCH ENDORSEMENT (To be endorsed by the Regional Representative (where the claims is to be processed and paid at a Regional office)**

18. Name of the Region\_\_\_\_\_

I confirm that the claimant is a member of the BBF and a staff member in the region and that the death occurred as described in Part 2 and therefore recommend the payment.

_____	_____	_____	_____
Name of Branch official	Designation	Signature	Date

**PART VI- PREVIOUS BBF CLAIM(S)**

19.	Name of deceased	Relationship	Amount (ksh)	Year
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____

**PART VII - AUTHORITY (For official use only)**

**20. Recommendation**

Amount Recommended (ksh) \_\_\_\_\_ Amount Approved (ksh) \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

**PART VIII- PAYMENT (For official use only) HEAD OFFICE/UBORA BRANCH OFFICE**

21. Cheque No. \_\_\_\_\_ Amount \_\_\_\_\_

Date of cheque \_\_\_\_\_ Postage Reg. No. \_\_\_\_\_

Prepared by \_\_\_\_\_

\*Note: Filling Parts 1 to IV is mandatory and must be completed in full. All claims **MUST** be confirmed by two Uboras Sacco members in part IV