HEAD OFFICE
Elimu House South 'B'
P. O. Box 10073,00100
G.P.O Nairobi
Tel: 0727013047/ 0739599356
Email: customercare@elimusacco.com/mpa@elimusacco.com

BURIAL BENEVOLENT FUNDS SCHEME CLAIM FORM:

THE GENERAL MANAGER,
ELIMU SACCO LTD
P. O. BOX 10073,00100
NAIROBI

Member No……. Pno……..

TSC No: .....

PART 1: PARTICULARS OF THE DECEASED.

a.) Surname……
Other Names…….
Work Station. ……..
Address: …….
Home Address …….
. Next of Kin……..……..

PART 11: PARTICULARS OF CLAIMANT:

a.) Names:……
ID Card No:……..
TEL No……...Email Address……...
Address:……..
Relation to the Deceased:……...
b.) Name of the payee (If Not Contributor).:..……..……
c.) Identity card No……
d.) Dependants
i)…….
ii)……..
iii)…….
e.) Signature: ……. Date……

PART 111: DOCUMENTS ATTACHED FOR CLAIM

a.) Death certificate or Burial permit
Chief / Employers or authorized agent to certify at the back.
b.) In the absence of the above, a local chief's letter dully signed and stamped to certify & confirm death.