



WEVARSITY SACCO LIMITED
P O BOX 873 – 50100
KAKAMEGA

CLAIM FORM FOR BURIAL AND BENEVOLENT FUND[BBF]

Claimant's Name:.....
PF/NO:..... DEPT:.....
ADDRESS:..... TEL:.....
ID NO:..... MOBILE NO:.....
NAME OF THE DECEASED:.....
RELATION WITH THE DECEASED:.....

ATTACH COPIES OF:-

Identity Card , Birth Certificate of Burial Permit for records.

Amount paid Ksh:.....Amount in
words:.....
.....

Ihaving read the Rules and Regulations
Governing the BBF Scheme, do agree to abide by the Rules and Regulations

Sign:..... Date:.....

FOR OFFICIAL USE

Sign:..... Date:.....

BBF Chairman

Sign:..... Date:.....

BBF Secretary