



DIMKES SACCO/ FOSA

ACK DIOCESE OF MT. KENYA SOUTH BISHOP MAGUA HOUSE

P.O. BOX 886 -00900, Kiambu

EMAIL: dimkessacco@yahoo.com, info@dimkessacco.co.ke.

www.dimkessacco.co.ke. TEL: 006-20-22521/22997, Mobile: 0710 880 475

DECEASED CLAIM FORM

SECTION A- CLAIMANT STATEMENT/PERSONAL DETAILS OF DECEASED.

Surname

First Name

Middle Name

Name of the Deceased.....

ID NO. PASSPORT NO.

Gender Male or Female

P.O. Box..... Physical Address..... Code.....

Marital status Single Married Separated Divorced

NB: (A beneficiary is recognized by law therefore if more than one, they all have equal rights.)

1ST BENEFICIARY:

NAME.....

IDNO/PASSPORT NO:

MOBILE:

ADDRESS:

EMAIL:

RELATIONSHIP TO THE DECEASED:

SIGNATURE:.....

2ND BENEFICIARY:

NAME.....

IDNO/PASSPORT NO:

MOBILE:

ADDRESS:

EMAIL:

RELATIONSHIP TO THE DECEASED:

SIGNATURE:.....

3RD BENEFICIARY:

NAME.....

IDNO/PASSPORT NO:

MOBILE:

ADDRESS:

EMAIL:

RELATIONSHIP TO THE DECEASED:

SIGNATURE:.....

4TH BENEFICIARY:

NAME.....

IDNO/PASSPORT NO:

MOBILE:

ADDRESS:

EMAIL:

RELATIONSHIP TO THE DECEASED:

SIGNATURE:.....

DISBURSEMENT MODE:

CASH

TRANSFER

Payee Name.

A/C Name

A/C NO.

BANK.....

BRANCH.

SECTION C: AUTHORIZED REPRESENTATIVES (THIS SECTION IS OPTIONAL)

Complete this section if you wish to authorize a family member or friend to assist you with claims process, as it is required to disclose any personal information about your claim which includes medical, financial, employment and insurance information.

AUTHORISED REPRESENTATIVE DETAILS. (IF ANY)

Name.....

Representative relationship to you.....

ID Number/ Passport Number..... Phone Number.....

Email Address..... ,

Note: If the beneficiary is a minor, the guardian copy of ID should be attached.

SECTION D: TERMS AND CONDITIONS.

- 1. Funeral cover will only be paid before burial.
- 2. Incomplete forms will not be accepted.
- 3. The beneficiary will be contacted once the claim process has been completed.
- 4. A claim cannot be processed until we receive all the required documents.

DECLARATION:

I/we declare that the information I/we have given in this form is true and complete. I/we understand in the event that this claim or any supporting documentation is found to be fraudulent, DIMKES SACCO reserves the right to proceed with the appropriate action against me/us.

NAME	SIGNATURE	DATE
1.
2.
3.
4.

SECTION F: FOR OFFICIAL USE ONLY TYPE OF CLAIM

- Funeral cover (Attach payment voucher duly signed)
- Deceased fund

Documents Required (Tick appropriately)

- Burial Permit.
- Original Death Certificate.
- Copy of ID/Surrender of ID Letter.
- Beneficiaries copy (ies) of ID/ Birth Certificate.
- If He/She is an Active member?

Account Details.

Share type Amount

- | | |
|------------------------|----------------------------|
| 1. Deposits | 4. Smart savers |
| 2. Normal shares | 5. Total loan amount |
| 3. Fosa shares..... | 6. Fixed deposit |

NOTE: Normal shares is less the share capital, which can only be transferred to the beneficiary (ies) account.

NAME	SIGNATURE	DATE
Verified by
Approved by
Authorized by
Posted by