



GROUP FUNERAL SCHEME – CLAIM FORM

1. APPLICANTS DETAILS

Initials: Mr Ms Mrs Dr Miss others: _____

Membership No: _____ First Name: _____ Surname: _____

Omang No: _____ Gender: _____ DOB: _____ Retirement Date: _____

Marital Status: Single Married Divorced Windowed

Postal Address: _____

Physical Address: _____

Tel: _____ Cell: _____ Email: _____

Home Village: _____ Ward: _____

Designation: _____ Workplace: _____

Employer: _____ Department: _____ Tel (W): _____

Name of Chief/Headman: _____ District: _____

Next of Kin (in case of emergency)

Name: _____ Relationship: _____

Tel: _____ Cell: _____ Email: _____

DECEASED DETAILS

Name _____ Surname _____

M/N _____ ID _____ Gender _____

Next of Kin (in case of emergency)

Name: _____ Relationship: _____

Tel: _____ Cell: _____ Email: _____



2. BANK DETAILS

Bank name: _____ Branch: _____ Account No: _____
Member's Signature: _____ Date: _____

3. OFFICIAL USE

1. Date the member joined the GFS Scheme: _____
2. Monthly Contribution P: _____
3. Has the member been paying his/her premium regularly: Yes/No: _____
4. Is the member entitled to a claim: Yes/No: _____ if No give reasons: _____

5. Is Proof of death valid? Yes/No: _____ If No give reasons _____

6. Amount of Claim P _____

Name: _____ Designation: _____

Signature: _____ Date: _____

4. SUPERVISOR

Name: _____ Designation: _____

Signature: _____ Date: _____

5. GENERAL MANAGER'S DECISION

APPROVED/DISAPPROVED: _____

REASON IF DISAPPROVED: _____

Name: _____ Signature: _____ Date: _____