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RISK MANAGEMENT FUND LAST EXPENSE CLAIM FORM

A. CLAIMANT DETAILS: -				
CLAIMANT'S FULL NAME				
NATIONAL I.D CARD/PASSPORT NO	MOBILE NO)		
RELATIONSHIP WITH DECEASED	MEM	IBER NUMBER_		
B. DECEASED DETAILS				
 Type of claim (Tick where applicable) Member last expense claim. KES. 50,000 	(Upon death	of a member)		
b. Nominee claim. KES. 20,000	(Upon death	of a nominee)		
<u>Name</u>	Ī	<u>D No.</u>	MNo.	
Risk management fund claim payments shall be made only		-		
supported by a burial permit and/or death certificate plus Risk management fund claim covers up to a maximum of forward for rejoining members. Claims for last expense for all loan, risk fund and deposit variances to claim last expense period of six months is required before benefiting for last expensively period by the period of six months is required before benefiting for last expensively burial permit, a letter from the area chief if the period from the hospital, I.D copies of the claimant and the example and the six of the claimant and the six of th	us any other documentation for four nominees for the entire nominee other than the prince for nominees. In the event expense for nominees. For intermit is issued by the Chief adeceased. Date:	that may be prescribe re duration of memb cipal member will on that the member upda nmediate family men	ed by the Board of Directorship and claims are carrely be processed after clear ated list of nominees a wait on the processed after clear the dist of nominees a wait of the permitation if the permitation in the permitation	ors. ried ring ring ring ring
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