



**AFYA CO-OPERATIVE SAVINGS AND CREDIT
SOCIETY LIMITED**

P.O. BOX 11607 - 00400 , NAIROBI.

DEATH CLAIM APPLICATION FORM

PART I (to be filled by applicant)

I hereby request to be paid the refund of shares held with the Society by the Deceased
Deceased's names P/No.

I am the rightful beneficiary and my particulars are shown below:-

1. (a) Full names
Current address
(The names should be as they appear in the ID/Card)
 2. (b) Nationality
Home Address
 3. District Division.....
Location..... Sub-location.....
Chief Sub-chief.....
Identity card No.
 4. Relationship to the deceased
 5. (a) Present Employer
(b) Address and Telephone
(c) Position held in that employment
- I hereby declare that the foregoing particulars are true to the best of my knowledge.

NAME	SIGNATURE	DATE
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PART II (a) (To be filled by the deceased's Employer).

I confirm that Mr./Mrs./Miss/Dr.
is employed by us (Name of Employer)
as a (Position)and has been with this organisation foryears
Full NameSignature
DesignationOfficial Stamp.....
Date.....

PART II (b) (To be filled by Chief)

I hereby declare that Mr./Mrs./Miss./Dr.
is known to me and comes from my location.....
and I do confirm that the information given in Part I of this form is correct.
Chief's name.....
Signature.....
Official Stamp.....
Date.....

PART III (To be filled by the branch representatives)

We have confirmed that the particulars given above are true and that M/s.....
is the rightful beneficiary to be paid the refund of shares held by the society for the deceased.

Branch Chairman.....Signature.....
Branch TreasurerSignature.....
Branch Secretary.....Signature.....
Date.....Official Stamp.....