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BENEVOLENT CLAIM FORM
(USE BLOCK LETTERS)

1. MEMBER DETAILS

Name in Full: Gender: Male Female

Service Number: National ID No: M/No:

Service/Fmn/Unit: Mobile No: Date of Birth:

2. DEATH OF PRINCIPAL MEMBER

a. PARTICULARS OF THE CLAIMANT(S) (BENEFICIARIES)

Name:..... ID No.....Relationship with the Deceased:.....

Bank:Branch : Bank ACC No:

Signature:.....Date:.....

Name:..... ID No.....Relationship with the Deceased:.....

Bank:Branch : Bank ACC No:

Signature:.....Date:.....

Name:..... ID No.....Relationship with the Deceased:.....

Bank:Branch : Bank ACC No:

Signature:.....Date:.....

3. DEATH OF DEPENDANT

a. PARTICULARS OF THE DECEASED

Name:Age:Date of Death:.....

Place of Death:..... Home Address:.....

Signature of member:.....Date:.....

4. SUPPORTING DOCUMENTS REQUIRED AND ATTACHED

- a. Covering letter from the Unit
- b. Certified copy of Death Certificate and/or Burial Permit.
- c. Certified Birth Notification Form or Birth Certificate (for claims involving own child).
- d. Copy of Service ID Card of the claimant.
- e. Certified Civilian ID Card of the deceased (dependants).
- f. Certified Birth Certificate of the claimant (in claim for parents)
- g. Certified Marriage Certificate (in case of spouse claim).
- h. Certified copy of ATM/Bank plate for beneficiaries, certified copies of Civilian ID Cards and birth certificate in case of minor (Principal member only)
- i. Duly filled Share Capital Transfer Form and a signed authority letter from the beneficiary (for principal member).
- j. Any other relevant document (please specify): _____

5. FOR OFFICIAL USE ONLY

We have checked and confirmed that all the information given above is correct:			
Received by:			
Rank: _____	Name: _____	Date: __/__/20__	Signature: _____
Verified by:			
Rank: _____	Name: _____	Date: __/__/20__	Signature: _____
Approved by:			
Rank: _____	Name: _____	Date: __/__/20__	Signature: _____