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KENYA ACHIEVAS SACCO SOCIETY LTD

..... *With you we achieve*

FUNERAL RIDER CLAIM FORM

CLAIM No:

Date _____

Name of the Deceased _____
First Name Middle Name Last Name

Account No _____ Tea No _____

Identification/Passport No: _____ Sex : Male Female

Age _____ Date of Death _____ Burial Permit No: _____

Place of Residence _____
Sub Location/Estate/Town District

Next of Kin Details _____
First Name Middle Name Last Name

Identification/Passport No: _____ Relationship _____

FOR OFFICIAL USE ONLY

N/B For a member to be eligible he/she MUST have contributed the funeral rider contribution fee

Date of Contribution _____ *Amount of Contribution* _____

Prepared By.....
Name Signature Date

Checked By.....
Name Signature Date

Approved By.....
Name Signature Date

Cheque No: _____ Date _____