



SETYON SACCO
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Tel: 0723656494

MEMBER NO.

.....

DECEASED CLAIM FORM

A. DECEASED INFORMATION

Name.....

PR/Number.....ID NO..... Gender. F ☐ M ☐

Work station.....Employer.....Position.....

B. Terms of Service: Permanent ☐ Contract ☐ Temporary ☐ Mobile.....

C. CLAIMER'S INFORMATION

NAME	ID NO	PHONE NUMBER	RELATIONSHIP	SIGN

Please attach copies of your national ID or birth certificate for a child below 18 years of age and burial permit of the deceased or any identification to confirm status.

D. CHANNEL

We claim it to be channeled to (Must be next of kin in our system)

NAME	MPESA	BANK	BANK ACC NO

FOR OFFICIAL USE ONLY

D. COMMENTS BY THE EMPLOYER

The applicant was employed by.....in.....

SinceCounty/Station/Dept/Min

Subject to the rules and policy of society, I support the claim and do confirm that He/She was our employee till His/Her death.

Please support with a contract letter/ letter payslip to confirm status.

HR/Accountant's Name..... Signature

Unit Manager's Name..... Signature

Official Stamp.....

E. SACCO APPROVALS

I/We have examined the above application in conjunction with the above remarks and have decided as follows:

Approve ☐ Reject ☐

Reason

OfficerSignature.....Date.....

Branch ManagerSignature.....Date.....