

LAPTRUST

P. O. BOX 28938-00200,
NAIROBI

TEL: 2222016/248408/252744
FAX: 251807

CLAIM FOR SURVIVORS BENEFITS

Kindly fill the information required in the spaces provided below

1. Full Names of Contributor (Deceased): _____
2. Name of Employer (County): _____
3. Claimants Name: _____
4. Relationship: _____
5. Postal Address: _____
6. Telephone Number: _____
7. KRA PIN Number (Attach Copy): _____
8. The following documents should be attached(tick appropriately):
 - Certified copy of Death Certificate.
 - Certified copy of Letters of Administration (Chief & County Commissioner)
 - Certified copy of I.D/ Passport on A4 Paper.
 - Legal proof of relationship e.g. marriage certificate, affidavit.
 - Two coloured passport size photographs.

NAME OF NEXT OF KIN: _____

ID/PASSPORT: _____ Telephone Number: _____

RELATIONSHIP: _____

9. Full details of Bank Account into which all Future Payments will be remitted:
(Please note that **only bank accounts are acceptable and not SACCO accounts**)

Name of Bank Account holder: _____

Name of Bank: _____

Branch: _____

Account number: _____

Signature: _____

Date: _____

Signed in the presence of: _____

Signature: _____

Date: _____



Left thumb print

NB: Where the letters of administration are not available, then a letter from the PUBLIC TRUSTEE indicating names of beneficiaries, their age and relationship to the deceased will be required.

*Kindly attach all the relevant documents