

**LAPTRUST**

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**CLAIM FOR LAST EXPENSE**

Kindly fill the required information in spaces provided below

1. Full Names of Contributor(Deceased): \_\_\_\_\_
2. Sponsor (Employer): \_\_\_\_\_
3. Claimant's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
4. Postal Address: \_\_\_\_\_ ID No: \_\_\_\_\_
5. Email Address: \_\_\_\_\_ Mobile No: \_\_\_\_\_

**DECLARATION OF BANK DETAILS**

Full details of Bank Account into which the last expense payment will be remitted:

Name of Bank Account holder: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Account No: \_\_\_\_\_ Bank Branch: \_\_\_\_\_

Claimant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signed in the presence of: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The above information is to the best of my knowledge and belief accurate for the purpose of paying the last expense benefit.*