

COUNTY PENSION FUND

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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.