

**SALIH**

CPF House, 7<sup>th</sup> Floor, Haile Selassie Avenue,  
P.O Box 28938-00200 Nairobi.  
Mob: 0720-433 354, 0735 763 293  
Tel: +254 (020) 2046901-5  
Email: info@cpf.or.ke



A SHARI'AH COMPLIANT PRODUCT



**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.*