

SALIH

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A SHARI'AH COMPLIANT PRODUCT



**Attach (2)
passport size
photos**

CRITICAL ILLNESS CLAIM FORM

SECTION A: STATEMENT OF PARTICULARS

Full names of Contributor (*Claimant*): _____

Employer (*Sponsor*) : _____

Membership/ Staff No: _____

ID/ Passport No: _____ Mobile No: _____

Medical Illness: _____

Date Diagnosed: _____

SECTION B: BANK DETAILS

Full details of Bank Account into which payments will be remitted:

Name of Bank Account Holder: _____

Bank Name: _____

Bank Account No: _____ Bank Branch: _____

NOTE THE FOLLOWING DOCUMENTS SHOULD BE ATTACHED

(Tick appropriately)

Certified copy of the national ID

Treatment card

Comprehensive medical report

Discharge summary

X-rays

Copy of payslip

Claimant's Signature: _____

Date: _____



Left thumb print

Signed in the presence of: _____

Signature: _____

Date: _____

**Kindly attach all the relevant documents*