

LAPTRUST

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CLAIM FOR SURVIVORS BENEFITS

Kindly fill the information required in the spaces provided below

1. Full Names of Contributor (Deceased): _____

2. Name of Employer: _____

3. Claimants Name: _____ ID: No: _____

4. Relationship: _____ Postal Address: _____

5. Mobile No: _____ KRA PIN No(attach copy): _____

6. Email: _____

7. Current Residential Address:

County _____ Sub-County _____ Ward _____

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
- Birth Certificate

9. Full details of Bank Account into which all Payments will be remitted:

Name of Bank Account holder: _____

Name of Bank: _____

Branch: _____

Account number: _____

Claimant's Signature: _____

Date: _____



Left thumb print

Signed in the presence of: _____

Signature: _____

Date: _____

**Kindly attach all the relevant documents*