

SALIH

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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):

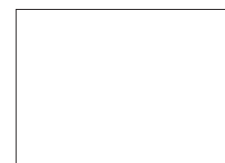
- Certified copy of Death Certificate.
- Certified copy of Letters of Administration (Chief & County Commissioner)
- Certified copy of I.D/ Passport on A4 Paper.
- Legal proof of relationship e.g. marriage certificate, affidavit.
- Two coloured passport size photographs
- Birth Certificate

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*