



COSMOPOLITAN DEPOSIT TAKING SACCO SOCIETY LIMITED

United we grow
P.O. BOX 1931
TEL: 051-2212415/6
NAKURU

ADDRESS ALL CORRESPONDENCE
TO THE SECRETARY COSMOPOLITAN
E-mail: info@cosmopolitansacco.co.ke

FUNERAL RIDER CLAIM FORM

Name of spouse (late) _____

ID No. (Attach Copy) _____

Date of death _____

(Attach burial permit/death certificate)

Burial Date _____

Name of contributor _____

M/No. _____

TSC/M.No/P.No/F.No. _____

ID No. _____

Phone No. _____

Box _____ Town _____

I Sign _____ Date _____

FOR OFFICIAL USE ONLY

RECEIVED BY: NAME _____ SIGN _____ DATE _____

AREA DIRECTOR COMMENT _____

NAME _____ SIGN. _____ DATE _____

ACCOUNTS:

AMOUNT PAYABLE KSHS. _____

BY NAME _____ SIGN _____ DATE _____

AUDIT

CHECKED BY: NAME _____ SIGN _____ DATE _____

CASH OFFICE

AMOUNT PAID KSHS. _____

BY NAME _____ SIGN _____ DATE _____